



Province of Alberta

The 29th Legislature  
Fourth Session

# Alberta Hansard

Thursday morning, November 8, 2018

Day 48

The Honourable Robert E. Wanner, Speaker

## Legislative Assembly of Alberta

### The 29th Legislature

Fourth Session

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Sweet, Heather, Edmonton-Manning (NDP), Deputy Chair of Committees

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Deputy Leader of the Official Opposition

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Babcock, Erin D., Stony Plain (NDP)

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Carlier, Hon. Oneil, Whitecourt-St. Anne (NDP)

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## Legislative Assembly of Alberta

9 a.m.

Thursday, November 8, 2018

[Ms Sweet in the chair]

### Prayers

**The Acting Speaker:** Good morning.

Let us reflect, each in our own way. As we continue Veterans' Week today, let us reflect on how fortunate we are to gather in this Chamber today for our final day of debate this week. As we all return to our constituencies for the day of remembrance, may we travel safely. Amen.

Please be seated.

### Orders of the Day

#### Government Bills and Orders

##### Third Reading

##### Bill 21

##### An Act to Protect Patients

**The Acting Speaker:** The hon. Deputy Premier and Minister of Health.

**Ms Hoffman:** Thank you very much, Madam Speaker. It's my honour and privilege to move third reading of Bill 21, An Act to Protect Patients.

I want to thank members of this Assembly for their thoughtful observations and constructive suggestions during second reading as well as Committee of the Whole. I truly appreciate that all parties have represented themselves through this process.

Earlier in this debate I shared with the Assembly my shock and anger this spring when I became aware of a situation where a doctor was convicted of sexual assault and got his licence back. Albertans weren't being properly protected, and we needed to fix this. Since then we have heard many stories from Albertans that are simply gut-wrenching and often extremely difficult to hear. We began working with our patients and the College of Physicians & Surgeons of Alberta as well as the other regulatory colleges who govern health care workers to develop the right tools to keep Alberta patients safe. I'm proud that my colleagues shared our commitment to patient safety and partnered with us on this work.

Madam Speaker, the proposed amendments would protect Albertans from sexual assault and sexual misconduct by regulated health professionals. If passed, it will establish mandatory penalties for sexual abuse and sexual misconduct by regulated health professionals. It will require more transparency for regulatory colleges.

Pardon me?

**The Acting Speaker:** There is no amendment on the floor.

**Ms Hoffman:** I'm not speaking to an amendment. I'm moving third reading.

**The Acting Speaker:** Okay.

**Ms Hoffman:** I'm moving third reading, and then I understand there will be a motion.

Oh. It does say amendment in this sentence. I understand why you'd say that. Sorry. It's been a busy 24 hours. There was the word "amendment" in here, and I'm sorry for that. Oh, you know why? The word "amendment" is in here because it's amendments to

current legislation that governs the Health Professions Act. So the bill in itself is an amendment.

Don't worry, Aaron, the wording was correct. Yeah. I'm sure his heart just stopped.

Given that this bill is in itself an amendment to the Health Professions Act, the proposed amendments would protect Albertans from sexual abuse and sexual misconduct by regulated health professionals. If passed, it will establish mandatory penalties for sexual abuse and sexual misconduct by regulated health professionals. It will require more transparency for regulatory colleges by having disciplinary actions related to sexual abuse and sexual misconduct clearly and consistently posted online. It will increase survivor supports by providing them with access to treatment and counselling. Those are all of the amendments the bill proposes currently.

Women and all Albertans deserve to feel safe while accessing health care services, and this bill will do just that. If passed, it will make Alberta a national leader in protecting patients from sexual abuse and misconduct. Madam Speaker, Bill 21 will help protect Albertans and ensure that appropriate penalties are in place. We have had some very productive conversations with the opposition, and I expect that the hon. Opposition House Leader will rise in a moment.

With that in mind, I move third reading.

**The Acting Speaker:** Thank you, Minister.

The hon. Opposition House Leader.

**Mr. Nixon:** Thank you, Madam Speaker, for the opportunity to rise today, and thank you to the Deputy Premier for her comments. I have to start off today by pointing out the extraordinarily different tone that is coming from the Deputy Premier and the government side of the House when it comes to this legislation. I'm happy to see the different tone because I think it will be good for Albertans in the long run, but I am a little shocked to see it. I'm not sure what has happened in the last 24 hours, but it appears that the government is indicating that they would like to change their mind on some of the decisions that they made in the Chamber over the last several days. As such, because I am such a nice Opposition House Leader, I have decided to move the following motion.

Madam Speaker, would you like me to give you the copies first, or do you want me to move now?

**The Acting Speaker:** If you could, just to make sure it's in order first, bring a copy to the table, please.

**Mr. Nixon:** I will await your instructions.

**The Acting Speaker:** Hon. member, please go ahead.

**Mr. Nixon:** Thank you, Madam Speaker. I move that the motion for third reading of Bill 21, An Act to Protect Patients, be amended by deleting all the words after "that" and substituting the following:

Bill 21, An Act to Protect Patients, be not now read a third time but that it be recommitted to Committee of the Whole for the purpose of reconsidering sections 7 and 26.

Madam Speaker, it is not the first time, as you know, that I have moved a procedural amendment in this Assembly in an attempt to get the government to either reconsider their legislation or to send it to committee to make sure that they got it right. But by the indication from the Deputy Premier this morning it appears that it will be the first time that the government accepts that recommendation, which is interesting in and of itself.

The move from third reading back to Committee of the Whole is highly unusual, is my point, Madam Speaker. It tells me that the

government has changed its mind and its heart when it comes to allowing predatory doctors to reapply for reinstatement after just five years. If the government had just listened to members from this side of the House when they had a chance, we would not be in this unprecedented situation. The hon. Member for Olds-Didsbury-Three Hills rose during the amendment debate and gave the minister an opportunity at that point to be able to adjourn the debate and reconsider the direction that the government seemed to be going on this legislation.

At the time then the minister rose and said that not only did the opposition have it wrong about the five years but that she had consulted with sexual assault groups, that this is the direction that they wanted to go. After that debate in the House the opposition started to get called by those types of groups saying that consultation did not happen. The reality is that what we saw take place is the government yet again, out of its partisan bent, its inability to be able to work across party lines on important issues like this that should not have been a partisan issue, to be able to cross and work with us to be able to get this done right, instead just blindly, automatically voted against what the opposition brought forward. Then they find themselves in a spot like this.

It's alarming to me because this is how it took so long to even get this bill to the floor in the first place. The Leader of the Opposition and the hon. Member for Chestermere-Rocky View were bringing this forward in the last sitting of the House. No mention of that, Madam Speaker, when it was finally brought, this legislation, to this Assembly. No mention or a thank you at that time for the work they did, though they weren't doing it for a thank you. But the reality is that the government went and waited over an entire spring and an entire summer to even bring this legislation to this floor because they didn't want the hon. members to be able to have credit for the process.

So now we've already had to wait six or nine months, when predatory people in the medical community could be in a position of power still over their patients, because this government, rather than work with the opposition on something – again, I could think of no other better example of a nonpartisan issue, but they still went out of their way to prolong this for Albertans.

Then they bring the legislation to the House, and they get it wrong. They stand up for the idea that somebody who did something so terrible to a patient and a person that they had power over could then have their licence back in five years. I haven't talked to one constituent, anybody on this issue who thought that was a reasonable position of the government.

The opposition comes forward with reasonable amendments and automatically, Madam Speaker, the Deputy Premier and the rest of the NDP caucus rise and defend an undefendable position because of their blind hatred for the opposition. That's what it feels like. This can't continue to happen because this is what happens. I've talked about this so much. This government brings forth legislation and has to either amend it days after they've brought it forward because they realized that they've made a mistake, or, more often than not, they have to come back six or seven months later and amend their position.

**9:10**

I also think that it's important that at some point today the government explain what has changed because they've put a tremendous amount on the record, a tremendous amount of content on the record in *Hansard*, defending the position of five years. Yesterday the Leader of Her Majesty's Loyal Opposition asked why the government had a five-year ban instead of a lifetime ban, and both the Premier and the minister defended their position. That's less than 24 hours later. The concern then has to become,

because of the history of this bill: how do we now know that this amendment actually has fixed everything? I think, Madam Speaker, there are a lot of people who are going to want to speak about this, but it's important that we were clear on how we ended up here.

With that said, though, I move this amendment because I believe that this is such an important issue, and I hope that the government will finally reconsider it and look at the reasonable amendments that have been brought forward by the opposition and get this right for Alberta.

**The Acting Speaker:** Thank you, hon. member.

Are there any members wishing to speak? The hon. Member for Calgary-Mackay-Nose Hill.

**Ms McPherson:** Thank you, Madam Speaker. Sorry to be hesitant to stand up. This is a little bit unexpected, the way that things have played out. [interjection] Apparently one of the members across the way finds something funny about this subject. I don't think anything is funny at all. I think it's really unfortunate that we're in this position today. I did move an amendment last week asking for a lifetime ban, and I'm looking forward to seeing what's in this recommittal. As late as Tuesday I asked the acting House leader if we could extend Committee of the Whole so I could bring forward another amendment after speaking to the Association of Alberta Sexual Assault Services. I know that they met this week, and I suspect that some of this has to do with a letter that they forwarded, that I'll happily read into the record later.

I'm of mixed feelings. I'm grateful that we are taking another look at this, and I'm really disappointed that it had to be such a struggle to get to this point, to be able to do something that was patently right. It was the right thing to do from the beginning. There was a lot of wasted energy, and I'm super disappointed that we had to work so hard to get this to happen. I'm looking forward to hearing what the amendments are.

**The Acting Speaker:** Thank you, hon. member.

Are there any other members wishing to speak to the recommittal amendment? Oh, yeah; 29(2)(a). My apologies.

**Ms Hoffman:** Sorry. Not 29(2)(a), no.

**The Acting Speaker:** Sorry. Are there any other members wishing to now speak to the recommittal?

**Ms Hoffman:** I would just encourage my colleagues to support the motion.

**The Acting Speaker:** Thank you.

Any other members, 29(2)(a), wishing to the speak to the referral? Seeing none.

[Motion on amendment REC1 carried]

## Government Bills and Orders Committee of the Whole

[Ms Sweet in the chair]

**The Deputy Chair:** I would like to call the committee to order.

### Bill 21 An Act to Protect Patients

**The Deputy Chair:** The Committee of the Whole has under consideration sections 7 and 26 of Bill 21, An Act to Protect Patients. Are there any comments, questions, or amendments to be

offered in respect to these sections of the bill? The hon. Deputy Premier.

**Ms Hoffman:** Thank you very much, Madam Chair. It's always fun making that switch from Speaker to chair and soon back to Speaker, I imagine.

With me I have a copy of an amendment that I'd like to propose.

**The Deputy Chair:** Thank you, Deputy Premier. If you could just wait until we have a copy at the table.

Please go ahead. This is amendment A7.

**Ms Hoffman:** Yeah. Thank you very much, Madam Chair. I want to be very clear that our government has always and continues to believe that sexual assault is a heinous crime and that it will not be tolerated. That's why we introduced legislation to protect patients from sexual abuse, sexual misconduct, sexual assault, making Alberta only the second province to do so so clearly. We've listened to survivors and listened closely to the organizations who support them as we drafted the legislation. We did indeed work with sexual assault centres, and we continued to work with them during this debate. I was very proud to stand with them in support of this legislation when we introduced it.

While the penalties in this legislation were modelled after Ontario's, we agree with survivors that we can and should go further than Ontario did to protect patients in Alberta. That's why we listened to survivors and consulted our legal counsel yet again, and we are amending the legislation to ensure that those medical professionals who have committed sexual assault can never apply for reinstatement here in Alberta, those who have committed it and went through an original hearing tribunal and were found guilty of that through the tribunal process.

We want to ensure that this legislation is as strong as possible while still empowering survivors to come forward and enabling colleges to protect their patients, and these amendments will do just that. I'm happy to hear further comments from my colleagues and to respond to those as well.

Thank you, Madam Chair.

**The Deputy Chair:** Thank you, hon. minister.

Are there any other members wishing to speak to the amendment on sections 7 and 26? The hon. Leader of the Official Opposition.

**Mr. Kenney:** Thank you very much, Madam Chair. I am pleased to rise in support of this amendment; however, I will enumerate reasons for which I believe it is inadequate. Therefore, it is my intention to propose a subamendment should this one be adopted by the committee.

Madam Chair, first I'd like to review how we got here. Last April my colleague the deputy Leader of the United Conservative Party and Member of the Legislative Assembly for Chestermere-Rocky View was the first member to raise in this place the concern about physicians who have been found culpable of various forms of sexual assault against patients or indeed colleagues. In fact, my colleague raised this on April 19 of this year, and shortly thereafter I raised a question in this Chamber about the practice of the college of physicians allowing a licence to practise to member physicians who had been found guilty of sexual assault. We all know the particular case which led to this, which seemed to us a prima facie abuse of the regulatory authority of the College of Physicians & Surgeons, an authority granted to it by this Assembly on behalf of Albertans.

How much time do I have?

**The Deputy Chair:** Eighteen minutes.

**Mr. Kenney:** Sorry. I'm still learning the rules around here, Madam Chair. Thank you for your patience.

Madam Chair, I think it's very important for us to underscore that regulatory bodies, professional licensing agencies designated by the Legislative Assembly of Alberta, while they are self-governing agencies, are accountable to and ultimately derive their authority from this place, acting on behalf of Albertans, and they, therefore, do not have carte blanche to abuse their regulatory authority in such a flagrant way as to grant a licence to practise medicine to predator doctors. This I think is a matter, quite frankly, of common sense. I think this is a question that transcends partisan or ideological views.

This is in part about the sanctity of the doctor-patient relationship. It is about the vulnerability of patients who enter into that relationship, trusting implicitly that the physicians treating them will act as conscientious professionals, respecting their personal, physical, and sexual integrity. So when a physician violates that trust in such a flagrant way as to sexually assault or abuse a patient, it is, I believe, essentially an unforgivable crime in terms of their professional credentials. Of course, Madam Chair, such instances may also be subject to criminal sanction under the Criminal Code of Canada, and they may also be subject to professional censure.

9:20

But the question before us now, a question that the Official Opposition raised in this place six months ago, is whether a slap on the wrist is adequate as a sanction by the licensing body to discipline a member who has sexually abused a patient. That is why last spring, Madam Chair, I called on the government to bring forward legislation to deal with this. Now, when I first did so, the hon. the Minister of Health said, essentially, that the college didn't have the power to withhold licences. So I said, right on the spot: well, then why don't we amend the relevant legislation to grant the college the power to withhold permanently the right to practise from predator doctors? And I indicated to the hon. the minister and the government that we in the opposition would be keen to cooperate in any way with the government in the development or passage of such legislation swiftly, and we were quite frankly prepared to do that last spring, to fast-track legislation of that nature.

Well, it's unfortunate that it took the government so long to act, but finally they came forward with legislation now. It clearly wasn't a priority in the spring. So they finally came forward with legislation. But even though this matter had initially been raised by the opposition in a completely constructive and nonpartisan fashion with a polite offer of co-operation, the government did not consult with the opposition prior to the introduction of the bill. When concerns were then raised by the opposition about the legislation, about it allowing for predator doctors to have their licences renewed, Madam Chair, the government dismissed these concerns out of hand and voted against three opposition amendments to allow for a long-term or effectively a lifetime ban on predator doctors from practising medicine.

Madam Chair, I want to dial back, though. What I found really problematic – I'll get back to the substance of the issue in a second, but I want to talk about the process that led us to this peculiar moment this morning of the government furiously backpedalling in embarrassment over its mishandling of this important issue. When I rose in the spring to ask the minister about this issue, I did so in the most polite, respectful way possible, and the hon. minister responded with a partisan and personal attack – a partisan and personal attack – as the *Hansard* transcript will confirm. I think that's exactly the problem that led us to this place, a spirit of

hyperpartisanship that we see from this government in general and, quite frankly, from this minister in particular.

Let me share with you the exchange that we had, Madam Chair. Here you have a serious issue affecting vulnerable women in particular, a good faith effort on the part of the opposition to reach across the aisle to the government. I thanked the minister in advance for any co-operation we could have on this issue. I offered in a nonpartisan way to co-operate, and her response was a partisan and personal attack. The refusal to even contemplate operating in good faith with the opposition is what led us to this embarrassing moment today.

I would like to propose to the government that it consider this a learning moment. That perhaps, Madam Chair, there's not a Manichaean kind of duality here, where the government is all good and the opposition is all bad. Perhaps the government could admit, in the wake of this legislative fiasco, that elected members of the opposition, at least on occasion, are acting in good faith and can be constructive legislative partners in finding solutions for Albertans.

Madam Chair, this points to a larger issue. When I had the honour of becoming Leader of the Opposition, I met with my colleagues in this caucus and said that I think Albertans expect us to raise the bar of decorum and civility in this place. When I first visited the Assembly, shortly after being elected leader but before being elected a member of this place, I couldn't believe the disrespectful noise back and forth, the desk thumping, the heckling, the unnecessary insults from, quite frankly, both sides.

And I understand what happens. You know, I've got a little bit of parliamentary experience. In my 19 years in the federal Parliament I would see when hyperpartisanship would take over and, *mea maxima culpa*, Madam Chair, undoubtedly many times in those 19 years I was responsible for it. It didn't make me proud. In fact, perhaps as I matured, it made me learn that politics, at least in a deliberative Chamber such as this, could be done differently.

It is important that this is a place for the clash of ideas. It is inevitable and desirable that we should have vigorous debates, disagreeing vigorously on policy issues – that's how this great Westminster parliamentary democratic system ought to be – but surely undergirding that should be a basic respect for one another that I think has been, frankly, devoid in this Chamber. When I hear the kinds of insults, I mean – I'm sorry to raise this, but I'm going to, Madam Chair – I don't think it's a coincidence that the minister who walked herself into this problem in part by her refusal to even sit down and talk to the opposition or seriously to consider opposition amendments is the minister who stood up in this place and said that members of my party, quotes, hang out with sewer rats.

And I appreciate that the member apologized for that, Madam Chair, but I raise this for a point. The tendency to go to that kind of rhetorical extreme in demonizing your opposition is what leads to a failure to co-operate in a spirit of civility and nonpartisanship on certain issues like this, issues that ought to transcend partisanship. Now, I am a partisan. I hope that my party wins the confidence of Albertans next year. We're going to have a strong debate in the election and the time leading up to it, but surely there are moments when we can park the partisanship.

I raise this because I really do hope this will be a learning moment about the importance of co-operation when it is possible. I think that's all Albertans expect of us. They don't want this Chamber to be an echo chamber. They don't expect us all to be of like mind on everything all of the time. They understand that spirits will get high occasionally. I get that. None of us are angels, Madam Chair. But when there is an honest, good-faith effort to reach out, perhaps we could accept that.

Let me share this with you in the context of my own parliamentary experience. When I had the honour of serving as a minister of the federal Crown, I made it a point to reach out to my opposition shadow ministers or critics to consult with them on legislation before it was drafted and after it was introduced. In fact, Madam Chair, I believe if you check with my former opposition shadow ministers, they will confirm this, including the Rt. Hon. the Prime Minister, who was my critic for three years, and including somebody I consider a dear friend, a New Democrat, Olivia Chow. She was my critic for three years, and she will confirm, if asked, that I in multiple cases accepted a number of NDP amendments to Conservative government bills that I introduced.

9:30

I'll go a step further, Madam Chair, and I will reveal that my boss, the Prime Minister, didn't like me coming back to cabinet to seek approval to amend government legislation to accept opposition amendments. He wasn't really big on that idea. But I thought it was critically important that to the greatest extent possible we try to find common ground, that if we couldn't find complete consensus, we at least listen to one another. I spent dozens of hours as a federal minister sitting down with my counterparts in the opposition parties, including the NDP, to try to find common ground. Now, I'm sure those opposition critics will say that I didn't do it enough because I didn't accept all the opposition amendments – I didn't agree with them all of the time – but they will absolutely confirm that I tried to reach out and often did accept their amendments in good faith.

So if I could do that with the NDP in opposition in the House of Commons, why can't this NDP government do it with the Conservative opposition in this Legislature, Madam Chair? Is that an unreasonable thing to suggest?

Now, I have this from May 2, 2018, in *Hansard*, and I'm going to quote this into the record. I asked the hon. the Minister of Health:

Can the minister clarify, please, whether or not the College of Physicians . . . has agreed that they will withdraw licences to practise from physicians who are charged with sexual assault or are under investigation for that kind of terrible crime?

The minister said:

Thank you . . . Mr. Speaker. Some governments are further ahead of us in their work in this regard . . . We're definitely working in close partnership to make sure that all Alberta women can feel safe when they're going to the doctor.

I replied:

I thank the hon. minister for the substantive answer, Mr. Speaker. I think the minister is telling us that the college will not do this unilaterally but requires legislation. Why could the college not take its own disciplinary action to withhold licences from physicians accused of sexual assault? Secondly, I can assure the minister that we would co-operate with the expeditious passage of any legislation granting the college that power.

The minister replied, saying:

I'm excited to hear that the member is willing to show up and vote on a bill that is certainly important to women accessing health care services . . .

It's good to hear that the member of the Official Opposition plans on showing up in this regard . . . I've heard the quote that 90 per cent of success is about showing up. As an Alberta woman I'm concerned about what the track record of that member has been, but I'm glad he plans on showing up for this vote.

There's only one way I could characterize that response, which is snark, Madam Chair, a snarky, partisan response in an answer from the Deputy Premier of Alberta in response to a completely nonpartisan expression of gratitude and offer of co-operation. That's the attitude which caused the minister not to sit down with my colleague or other opposition members to discuss the statutory

solution to the loophole allowing predator doctors to get their licences to practise. That's the attitude, the hyperpartisan effort to demonize other members of this place, which caused the government and the minister to dismiss out of hand three thoughtful and constructive amendments brought forward by opposition members.

Again, there's not a lot of time left in this Legislature, a few more months, but hopefully in those few months, as partisan tempers rise inevitably as we get closer to an election, how about in this place we make a conscientious effort to find common ground?

In that spirit, Madam Chair, I thank the government, I thank the hon. the Minister of Health for having reconsidered this issue. I thank the government and the minister for having reconsidered this matter. I thank them for the motion that they have brought forward. I'm glad that they now have had a change of mind and agree with us in principle that the consequence of the abuse of practice by predator doctors should be potentially a permanent ban on their ability to potentially victimize other patients, and I look forward to speaking a little bit more on the substance of this amendment later in the debate.

Thank you, Madam Chair.

**The Deputy Chair:** Thank you, hon. member.

I'll now recognize the hon. Member for Calgary-Mackay-Nose Hill.

**Ms McPherson:** Thank you, Madam Chair. To preface my remarks, I want to apologize to the Member for Edmonton-Meadowlark. I assumed that he was laughing while I was speaking, and he was not, so I want to offer my apology.

I'll also preface my remarks with: I find this difficult to talk about, and the more we talk about it, the harder it is. I have PTSD because of sexual assault, so every time we talk, it's like ripping a Band-Aid off, but I think it's important, so I hope you'll bear with me. These are just tears, it's just water, and I'm just a human being.

I'm very grateful for this amendment. I'm grateful that this is a lifetime ban, and I'd like to hope that my remarks earlier this week about the courage of survivors coming forward had some influence over the decision to bring this amendment forward today. Last week, after I moved my amendment for a lifetime ban and it was voted down, I reached out to the Association of Alberta Sexual Assault Services, and I had a conversation with them because I wanted to make sure that I wasn't off the mark, that the lifetime ban that I had proposed wasn't unreasonable. Through that conversation the request was made to wait a few days because the association was meeting yesterday, and they had a very thoughtful, difficult conversation about what's appropriate in these circumstances.

I'd like to read part of that letter into the record because I think it's really important. Now, these are people that provide services to sexual assault survivors every day. This is what they do every day. I think they're amazing. I think that what they do is invaluable, and I don't think we could ever pay them enough money for the healing that they provide.

The Association of Alberta Sexual Assault Services applauds Alberta for being the second province in Canada to adopt a policy that protects patients from sexual violence. The issue of sexual violence has been surrounded in silence, secrecy and shame, and after 25 years of advocating on behalf of survivors in this province, we are appreciative of such passionate discussion amongst our political leaders.

Health professionals occupy a unique position of power and control over their patients, and the abuse of this power and the betrayal of that trust can have devastating lifetime effects.

As survivor advocates, we are in full support of a lifetime ban. We have no doubt that the after effects of this type of sexual victimization impact survivors throughout their entire life.

To ensure the tribunals at regulatory bodies employ the most consistent and effective response, AASAS strongly recommends:

- Training for all tribunal members on the myths and stereotypes that surround the crime of sexual violence
- Inclusion of at least two sexual violence experts/advocates as tribunal members.

I hope we see some flavour of these recommendations developed in regulation. I think it would be a great benefit to any tribunal that's hearing a case such as this, so I'm really hopeful that that's what we'll see. I just want to say that with everybody here today voting in favour of this amendment, we're helping survivors heal. We're showing them really clearly that we do believe them and that what they have to say is very important, and for those reasons I encourage everyone to support this amendment.

9:40

**The Deputy Chair:** Thank you, hon. member.

I'll now recognize the hon. Member for Strathcona-Sherwood Park, followed by the hon. Member for Chestermere-Rocky View.

**Cortes-Vargas:** Thank you, Madam Chair. It's an honour to rise to speak today, one, to speak to Bill 21 but also to the amendment that we're discussing on the floor today and to thank the hon. Member for Calgary-Mackay-Nose Hill for her work on this. I deeply appreciate how emotional this is. I, too, am a survivor of sexual abuse. I, too, am also a survivor that has never had the opportunity to take and bring this kind of issue to a court, nor will I probably ever be.

Madam Chair, when I hear the Leader of the Opposition stand up on a bill about protecting patients and take the 10 minutes to discuss how this was unfair to him, I feel like that is the ultimate demonstration of privilege if I've ever seen it. I mean, I think that the work on this has happened on so many fields. I know that the member opposite that they were talking about has brought these questions up in question period.

I know that some of these incidents started in Sherwood Park, so I started working with the minister seven months ago. I didn't say, you know: why didn't they do it? I looked into why they couldn't do it, and I saw that they didn't have the teeth in their legislation to do this. I saw and I met with the Alberta Medical Association, and they wanted the college of physicians – sorry; I'm talking about a different regulatory body. They wanted to be able to address this properly because overall their goal is to maintain the safety of patients, and they are deeply committed to that cause.

I think that when we make this about one individual – frankly, this isn't about him. This is about survivors, this is about patients, and this is about access to health care without fear that you're going to experience some form of sexual abuse, some impropriety. You shouldn't have to feel that. I think of the patient that went through that and how difficult it would be to cross that barrier, to go into an office, and to think about what kind of protections they can put in place to make sure it doesn't happen again. That would be exponentially difficult, Madam Chair.

That is the kind of thing that motivated me to work with the ministry, to look at which province was the only one that had legislation on this front, and it was Ontario. I spent hours upon hours reading the current tribunal processes, the issues that brought it forward in Ontario then. The fact is that the College of Physicians and Surgeons there conducted their own investigations as to what powers they could grant the tribunal there in order to support this.

This process has been different in Alberta. The process was brought forward by the legislative body, by us, and we looked at consultation with them. It was the opposite in Ontario, and I think that allowed for a capacity to have investigative reports, and they go into great depth. In fact, before the legislation was passed there, the College of Physicians and Surgeons brought forward a letter that goes through each problem that they see in the current way it sits. Frankly, how our legislation stood before this kind of read the same, so you'd go through the same problem. What happens if we bring forward a complaint? What can the tribunal look at? What do we do for transparency? All of these things had similarities in scope because for a long time we hadn't looked at how to modernize the rules and the powers given to them.

I think, first of all, the minister for being able to have collaborative conversations about this, for reaching out to AASAS. I think that if you want to make this about not being able to consult and then at the same time seeing that we're right here, that we're having this conversation – we're not afraid to say that we're willing to solve a problem and that we're willing to stand up for the questions on the complexities of a bill like this.

We're not just talking about a slap on the wrist, as it was mentioned by the member opposite, for a misconduct. Five years out of the profession: in the medical association any doctor will tell you that that's almost equivalent to never being able to practise again. I talked to nurses: the same thing for them. That is not a slap on the wrist.

At the same time, like, the characterization of that ultimately damages the public perception of their protection in this. Ultimately, I think that when we talk about survivors and how they bring forward questions and concerns, sometimes it's, "I don't think they meant to say this, but this is how they made me feel." If we don't have a way to address that – sometimes you just want to be able to say: "Can we resolve this and not go through a terrible tribunal process where I'll have to, you know, provide testimony? That creates stress in my life. Can we find a way to address this?" If we make it so, so difficult, then I can see that as a barrier for people to come forward. Do we want to do that? Do we want to evaluate the consequences of what we do?

I absolutely agree that if someone takes their power and their position as a doctor, as a nurse – and we're talking about almost 40 different colleges in this situation. If someone abuses their power, we absolutely need to make sure that there are consequences. We absolutely need to make sure that patients have the ability to understand that background, what their rights are. That's going to be hard enough, Madam Chair, because understanding regulatory bodies isn't something that people inherently think about. If I think that something happened to me with a doctor that I wasn't particularly happy about, before I came to this Legislature, I wouldn't be, like: "Oh, right. I have to call the College of Physicians & Surgeons." No one thinks about that. We still have to make sure that those bodies that are put in place have the ability to protect them, and I think that's where I applaud the members opposite for standing up to this.

But I also recognize that the conversation has to be based on appropriate levels of justice as well. We are talking about a tribunal that would then allow – and one of the other things I'm proud of here is that we looked at the tribunal and we said: in this instance, if a case was to be brought forward, it would be the balance of probabilities that would cause them to be able to rule whether they were able to make the verdict. I think that that's crucially important in something like this. We talk about the number of people that do come forward and their success rates.

When we put something like this in place, it's because we've been meticulous in thinking of every single step because it's

important to make sure that the people that are members of these spaces also feel like they have the ability, if they did something that was inappropriate, to also rectify it in certain situations. It can be for smaller ones that would also fall under misconduct. I think that those things happen within society, and I think the Me Too movement has told us about the kinds of things that happen on a daily basis. I think that we need to find a way to address these things because we can't, frankly, just say that everyone is wrong. We need to find a way to have some form of restorative portion to what we're doing, because, at the end of the day, what we're working on is to create a culture that says: "Listen, this isn't okay. This can't continue to be in." I don't care if it was the culture of the past. I don't care if it was okay then. It's not okay because any form of sexual assault or sexual misconduct has a deep impact on anyone who has experienced it, an impact that you can't ever shake.

Madam Chair, at the end of the day, this amendment demonstrates the government's and the minister's ability to listen and the commitment to being able to get something right for a patient. I think that's how this should be characterized. Shame on the members opposite for saying that we aren't willing to work with them because this is exactly that demonstration. When you make a case for 10 minutes that all of this is terrible because we did it, because someone once mentioned your record – it's your record. If you don't like defending it, change it. That's not on us.

I think, Madam Chair, at the end of the day, we need to keep having these conversations. We need to ensure that not just in health care spaces are we supporting survivors but all across the board. I think that's where it is hard to have those conversations because it feels like we are at some point blaming someone for something that they've done. I think that when these conversations happen on a routine basis, that's why people get defensive, because they at some point may have said something that they don't know how to rectify now.

9:50

We have to give that space for people to grow, because if we can't grow within society, what are we giving people the opportunity to do? I'm not at all excusing anyone that ever thinks it is okay to implement their power and to abuse that power. Frankly, when you read the story that happened in Ontario, that actually brought this legislation to Ontario, it's actually appalling as to how something like that would happen in a doctor's room.

I think that it is absolutely imperative that we put this legislation forward, that we make sure that in the instance that we are moving forward with a tribunal verdict that says that they are guilty of a sexual abuse, they will not be able to practise again. I think we have to let the tribunal also do its work. Otherwise, why do we have it? Otherwise, we have to question why we are putting these things in place.

Madam Chair, this is so important for the work that we need to continue doing. I know that the members opposite know that. We've worked with them on different issues. This government actually does have a record of having supported amendments from the opposition in a way that is actually quite different than the former government. I mean, I will remind the members that I used to work for the Premier beforehand, and in her time in office before being Premier, she had one amendment that the previous government moved and approved, one amendment in a career of years.

I think that we have demonstrated session after session that we are willing to look at it. We don't have to agree on everything, but we are willing to look at these things. I mean, a lot of their amendments look very similar time after time because it's the procedure of how they're doing these things, but I think it's unfair

to characterize this bill – to put those things into perspective right now, I frankly feel that only someone that hasn't felt the pain of sexual assault in their life would make this about something, anything, other than that. I deeply feel that. When those kinds of comments are made, I get it. I get that everyone in this Legislature works hard and that, frankly, it is a job where you don't get much recognition when you do something right. I don't think that many members know that I started working on these things seven months ago and that I started bringing things forward to the minister's office and that she was getting annoyed with me for the number of things that I asked her to look at.

I think it's important that we keep debating this amendment and that we look at the importance of an amendment like this, Madam Chair. I really hope that the conversation can be about patients, about what we're looking at. Frankly, even our position before this was from consultations that we've had, from the worry about, as it was stated multiple times: what happens to the constitutionality? Will they be able to challenge it? I think it's a fair question to have when we're talking about a justice system. I think that resulted from the consultation. You can disagree on whether that is or not, but that's why we're here. We want to be sure that something that we're putting into legislation would be the best for the patients and to make sure that we are providing appropriate health care.

Madam Chair, thank you very much for allowing me to make comments to Bill 21 and to the amendment today. Thank you.

**The Deputy Chair:** Thank you, hon. member.

The hon. Member for Rimbey-Rocky . . . No. That's not right. Chestermere-Rocky View.

**Mrs. Aheer:** I get confused with him all the time.

Thank you so much for the opportunity. I actually, really, don't know where to start other than that I think we need to bring this back to why we're here in the first place. One of the things I'd like to mention is that the hon. Leader of the Opposition has been an absolutely incredible advocate by the side of all of us on this side trying to bring this legislation forward. I couldn't have more gratitude for a person who has worked so hard alongside us to bring this legislation forward. Then for him to be attacked personally in this Legislature for bringing forward questions that have ultimately led to this legislation and then to have the government attack him for his good work in here, working with us and offering to work with the government, I think that shame needs to be turned back around onto the government. You need to consider why we're here in the first place.

One other thing that I'd like to address before I go fully into this amendment is that the member who just spoke was talking about the reality of the people who commit these crimes and about their rights to be able to have a tribunal and all these kinds of things. Okay. But I'm going to tell you something, Madam Chair. My body, the bodies of anybody in this room, my children, my parents, anybody that I love: if a doctor ever – ever – hurt or molested or touched anybody that I know and that person was not held accountable and the government does not have the guts to stand up and say that that's not appropriate, then shame on them.

On top of that, when we brought legislation forward to extend the ban in legislation, that we're grateful for – I think all of us have said this here at least once, that we are grateful for this legislation, no doubt, whoever brought it forward. Let me also say that the college of physicians and doctors, if you have consulted with them, would be grateful for the ability to do their jobs properly. That would have to be mandated by this government, and this strengthening that we brought forward would give them all of the tools that they need to hold accountable these people who decide that in vulnerable

situations they're allowed to massage breasts and pinch buttocks and actually, in Ontario, molest 21 people that were sedated. Twenty-one before it actually came forward, and he was banned for 10 years and was allowed to reapply, as far as I understand.

Let's be clear about why we're here in the first place. This is a nonpartisan issue. This is something that we brought up with the very good intention of helping to change the legislation. This amendment is strong. It could be stronger. We have an absolute responsibility. Let me just quote. Like I said, I don't even know where to start. Let me quote here from the hearing tribunal.

Dr. Taher did not suggest he had any medical basis to touch the patient's buttock or breasts.

He admitted that. I don't know; maybe he deserves more of a tribunal. We'll let the government decide that.

Then it goes on to say that he had reported that

at the time he had believed the patient's attire and behavior had been an indication that she had been giving him "an invitation."

Really? And the government wants to stop our ban on somebody like this from being able to reapply after five years because, technically, after five years they're not competent anymore, they have to reapply, and it would be difficult for them. I'm sorry. I'm not going to weep over that. I'm weeping over the person that went there, trusted a doctor, and was manipulated by that doctor. Let's be clear about why we're here. The public confides in their physicians.

The member had also said that the physicians are the ones that bear the burden of this, and they do. You don't think for one moment that physicians want to make sure that legislation is strong enough so that any young person that's coming into this very, very noble profession understands, right from the get-go, that do no harm means that: do no harm? But if we want to get into the weeds of what that means or that particular situation and make exceptions to the rule before we even get started, my goodness, are we not going 10 steps backwards?

**10:00**

What is the purpose of this legislation? The purpose is to lay down a foundation to make sure that anyone that comes into this noble profession – and as it was pointed out to me, in education if a teacher is fired for these particular reasons, they can't come back to school. Would you like to know that the teacher that's teaching your child, grandchild, cousin, friends, neighbour's child had after five years reapplied and then was allowed to teach young children again after having molested a child? We're talking about this legislation as it pertains to women, but what about children? What about vulnerable people, anybody in a situation like that?

Do any of you in this House want to stand in that doctor's office that has molested or behaved in any inappropriate manner – you tell me right now – who has proceeded with that, completely vulnerable in whatever situation you're in there for, and be okay because after five years they were allowed to apply or they happen to have a mentor with them who watches over them while you are shirt off, pants down, vulnerable?

**The Deputy Chair:** Hon. member, I know that this is an important subject for everybody in the House. Just a reminder, if you could do it through the Chair, please, instead of speaking to each other. Thank you.

**Mrs. Aheer:** Sorry, Chair. I appreciate that. Thank you so much. Through you.

I would like to know who in here would like to be in that doctor's office and is okay with that. Any of you? Sorry, Chair.

I would like to know, Madam Chair, if anybody in this House is okay with that. And if you are, stand up now and say that that's

okay and that you're okay with five years and that that's enough, that after that time, that person has learned their lesson and they're not going to manipulate a vulnerable person while in their care because they didn't know what they were doing the first time around.

It is an absolute honour to be here, absolutely beyond my wildest dreams and expectations to be able to stand in this House with people who care about Alberta. Protecting patients from sexual assault: actually, this bill should be renamed An Act against Predatory Doctors. This act is so important in promoting health. We talk about women's health, but this is all people. All of us are vulnerable when we're in front of a doctor. All of us. We tell them stories about absolutely everything that is going on in our lives – absolutely everything – things, Madam Chair, that you would not normally tell to even somebody you know that well because it's so personal. You're going to that person with this information in your hand, going: please help me and my situation. The mistake that the government made in not accepting the legislation that we brought forward hopefully will be fixed in this amendment. I'm grateful that they've taken actions to improve this important piece of legislation.

The fear of sexual assault by a health care provider should never be a barrier. For anybody who has ever been at the hands of a predator or sexual assault, the thought of going in, Madam Chair, to a doctor and being that vulnerable is already an issue. The experience of the Member for Fort McMurray-Conklin: she talks about a gynecologist there in Fort McMurray that was charged with assaulting six female patients between 2003 and 2005. Am I correct? Yeah.

It's very, very overwhelming, actually, to hear about, especially if you consider rural areas. You know, we're considering people who – a lot of these doctors who live in rural areas know their patients, they know the families, they have dinners together. I'm very good friends with my doctor. So that trust is even beyond just the doctor-patient relationship.

All of us were horrified to learn about the disturbing report on Dr. Taher that was about the sexual assault and about the patients that were twice assaulted and the nurse that had been allowed to return to work even though the doctor, Dr. Taher, who was working there had shown this pattern of behaviour. She had to go back and work with this guy.

So you can imagine, after fighting so hard to get this information across, that we were very happy to see this legislation come forward, but I think what we need to consider altogether here, Madam Chair, are the loopholes that are still there. Beyond the emotions that I personally have and have shown and beyond the partisanship that has happened with the bill, you know, with respect to speaking about this and beyond where credit goes or doesn't go, it's about: we have to go to bat for the Albertans who put forward multiple – and those amendments that we created on this side: this was because Albertans, their voices were in our ears through those amendments.

The amendments aren't for the people in this House. The amendments are for my neighbour next door that doesn't speak English very well. She's an amazing woman. They have four children. One of them has special needs, and she has to be able to go to her doctor, that she may not completely understand due to her limited English. She comes from a country where things might not have been as wonderful as Canada is, and everybody is telling her: you know, we are this amazing country, these beautiful people. We are. So she already goes into that relationship with that doctor, Madam Chair, with the desire for trust.

If we in this House can't uplift that public trust, we've lost already. This kind of legislation is there to actually invest in public trust, to invest in health care, to invest in what our expectations are.

All of us who are in here, Madam Chair, as politicians are held to a higher standard. Why is that? That's a good thing. The expectation of our doctors should be no less than that. We rise to the occasion. We work harder. We learn from our mistakes. If the actions of the government are only going to be totted up to partisanship and not working together on this, I feel very, very sorry and incredibly disappointed, and I'm sure Albertans are as well.

It's such a privilege to stand up in here for something that I'm so grateful for every day, and that's safety. I want to thank the Member for Calgary-Mackay-Nose Hill as well because as a survivor this is very, very difficult for her, too, and she's shown such grace and strength bringing forward legislation.

I wish that this had happened earlier this week when the bill was originally in third reading. Late is better than never. I want to thank the minister for being willing to take a step back and take a look at this legislation. No one is perfect, as the Leader of the Opposition had said earlier, and we're not expected to be, but this is a very, very important step forward. Five years after assaulting a patient is just not enough time. I cannot imagine a single Albertan, as you can tell by my speech this morning, who would be comfortable being alone with a physician who'd had the ability to reapply for their licence after a five-year ban for being sexually inappropriate or aggressive with a patient.

Consider, too, that sexual assault, sexual inappropriateness, and all of these things are very, very broad spectrum definitions, Madam Chair. Broad spectrum definitions. What we have to remember is that a doctor is a position of authority. No matter how you look at that, this is the person that has the information that is able to hopefully lead us.

What we're talking about here with this bill is actually prevention. It's based on a very, very sad situation and the absolutely horrific treatment of people who went for care, but actually the legislation is about prevention. The legislation is about setting up the right language, the right tone, and the right laws to be in place to make sure that the folks that are in this power position understand that privilege and understand the trust that is being given to them and that they enter into that wholeheartedly, understanding their responsibilities and that that is not something that any of us are willing to negotiate.

**10:10**

Physicians who are convicted by a tribunal of their peers should never ever be allowed to practise again. The credibility of our health system and the trust and safety of patients depend on this important change, that actually we advocated for very hard on this side, Madam Chair. I am honoured that I had the opportunity.

I would also like to thank my incredible, incredible staff, that have worked so hard with myself and the Leader of the Opposition, bringing this information forward. It's been very, very emotional and very hard on everybody, and I'm very proud of the people that I work with. I'm very pleased to have been able to bring this forward in the House and to see some resolution. I'm so proud of my colleagues. I'm so proud of my colleagues on this side of this House who fought so furiously to get this legislation to this point.

Thank you.

**The Deputy Chair:** Thank you, hon. member.

Are there any other members wishing to speak? The hon. Leader of the Official Opposition.

**Mr. Kenney:** Thank you, Madam Chair. I would like to begin by thanking my hon. colleague from Chestermere-Rocky View for her passionate remarks and deep conviction on this issue. I would also like to thank the hon. members for Calgary-Mackay-Nose Hill and

Strathcona-Sherwood Park for their sincere, powerful, and heartfelt words and for sharing their painful personal experiences with the House and with Albertans. That underscores the great seriousness of the issue with which we are seized. I'd like to also thank the Member for Calgary-Mackay-Nose Hill for having brought forward one of the thoughtful amendments on Bill 21 to eliminate the five-year window proposed in the original legislation.

I would also like, Madam Chair, just briefly to respond to some of the comments made by the Member for Strathcona-Sherwood Park about myself. I regret if I said anything in my initial remarks to suggest that I would think this bill is about me. To the contrary, what I tried to convey was my disappointment, when I first raised this matter in a completely nonpartisan fashion and offered to cooperate with the government on behalf of the opposition, that the hon. the Minister of Health turned that into a personal attack. My point was simply that I hope we can all use this very peculiar volte-face on the part of the government, moving this from third reading back into Committee of the Whole, doing a complete policy reversal – I would hope that we could learn from this and learn that perhaps working more collaboratively and finding common ground across party lines is the best way to serve Albertans when and where it makes sense.

Now, having said that, Madam Chair, I would like to speak a little bit more about the substance of the amendment. To try to put this in layman's terms, section A(a)(3) of the amendment before the House proposes two substantive sections. One is subsection (3), which essentially says that if a physician has had their permit to practise medicine cancelled as a result of a decision of unprofessional conduct based in whole or in part on sexual abuse, they may not reapply for registration. They may not apply for reinstatement of their medical licence.

We wholeheartedly agree with this amendment, Madam Chair. It gives effect to the amendments proposed earlier this week by the Member for Calgary-Mackay-Nose Hill and the Member for Chestermere-Rocky View and the Member for Fort McMurray-Conklin. So we thank the government for having listened and addressed this because this is dealing now with predator doctors who've been found guilty of sexual abuse, which has a particular meaning, Madam Chair, in the Criminal Code of Canada and obviously deals with much more serious kinds of abuse.

We all recognize that there are different forms of sexual offences, and that is why the government amendment goes on in subsection (3.1) to say:

A person whose practice permit and registration are cancelled as a result of a decision of unprofessional conduct based in whole or in part on sexual misconduct may not apply for the practice permit to be reissued . . . [for] at least 5 years.

In layman's terms, what the government amendment, I think, understandably seeks to do is to make a distinction, to bifurcate the consequences between sexual abuse and sexual misconduct. It essentially says: a lifetime ban if a predator doctor has been found responsible for sexual abuse but the possibility of reapplying if the doctor is found guilty of sexual misconduct, which under the Criminal Code of Canada and the common law is a lower standard of offence.

One of the concerns we have, Madam Chair: while we wholeheartedly agree with the first part of this, the lifetime ban for abuse, we are concerned that there may be some kinds of misconduct characterized as sexual misconduct or unprofessional conduct which should merit the lifetime ban as opposed to the five-year ban proposed. For example, we understand that one of the most frequent forms of sexual or unprofessional misconduct on the part of a physician involves what is known as voyeurism, like videotaping or surreptitiously photographing patients in a

vulnerable situation. My understanding – and perhaps the Minister of Health could confirm this – is that the majority of complaints brought against physicians for offences of this nature deal with voyeurism, which is a grave invasion of the privacy and security of a patient.

With that in mind, I just wanted to give notice that we intend to bring forward a subamendment, which is being shared with the government. This is not a formal motion. I'm just giving the committee an informal heads-up to expect a subamendment from the opposition which would say that, notwithstanding anything to the contrary, a person whose practice permit and registration are cancelled as a result of a decision of unprofessional conduct under sections 82(1.1)(b) or 96.2(1)(b), based in whole or in part on a conviction of an offence under the Criminal Code, may not apply for the practice permit to be reissued and the registration to be reinstated.

Essentially, what we will be proposing, in a completely constructive spirit, Madam Chair, is an amendment to use the threshold established in the Criminal Code of Canada for triggering the lifetime ban on predator doctors. If, for example, a doctor is found culpable of having engaged in voyeurism that would meet the Criminal Code threshold of an offence – that is to say, that could carry a significant penal sanction – then we believe that should carry with it the lifetime ban proposed by the government under part A, subsection (3), of the government amendment.

**10:20**

We'll have a chance to clarify this when we share the proposed subamendment with members, but I just simply wanted to give our constructive input on this at this point, which is to say that while we do appreciate the government's willingness to reconsider the bill, to support bringing this back to committee, and while we do appreciate the effort to amend Bill 21 to ensure a lifetime ban for doctors who are responsible for sexual abuse, we do think that the next section may create loopholes that allow for the reinstatement of the licence for doctors who've been found guilty of a criminal offence that does not constitute sexual abuse but which is made up of other forms of abuse such as an invasion of privacy through voyeurism.

We'll offer that in due course this morning, Madam Chair. One of the reasons that we're speaking to this is because we've been trying – you know, all of this is happening at lightning speed by legislative standards, and we are working with Legislative Counsel and our research staff to frame this and potentially other amendments in the technically correct fashion. I just offer that as constructive input into this important debate.

**The Deputy Chair:** Thank you, hon. member.

I'll now recognize the hon. Member for Calgary-Bow, followed by the hon. Member for Fort McMurray-Conklin.

**Drever:** Thank you, Madam Chair. Thank you for the opportunity to rise to speak to this amendment to Bill 21, An Act to Protect Patients. I think that it's been quite an interesting debate in this House, and I would really first, before I start, commend the Member for Calgary-Mackay-Nose Hill and the Member for Strathcona-Sherwood Park on their courage to speak about their experience. In this Legislature I know that it's really hard to talk about those kinds of things as sexual assault does leave a scar, a scar that will never go away, so bringing it up is hard to talk about. I want to just say thank you for coming forward, because you're not just talking about yourself. You're also speaking about women across this province who don't have a voice, and you're standing up for their rights. I just want to personally say thank you for that.

You know, members on this side of the House, this bill and this amendment proceed naturally from our values. I know that the Member for Strathcona-Sherwood Park just talked about how she's been in consultation with the Minister of Health for about seven months now. I know that with her background as a social worker, she has dealt with many cases like this and has consulted with many different organizations across Alberta and has a really good understanding around how to deal with this kind of thing. It's only natural that she would be a cosponsor of this bill. I'm proud to be a cosponsor of this bill as well. I've spent the majority of my years as a women's rights activist, and I think that's proven through my legislation helping women fleeing domestic violence situations by them not paying a fee. Since that, over 500 women have used that, and I think that it's needed. I'm just proud of our government's work in helping women.

It's something, actually, that has been ignored for quite a long time, for 44 years. This is why Albertans back in 2015 decided that they wanted a change. They were tired of not being heard, and it's refreshing that they have a government that's actually listening to the people. I'm just so proud to stand here and have the privilege to even talk about a bill that's really going to be helping hundreds of people's lives.

You know, I just find it really interesting that the Leader of the Official Opposition was just a few minutes ago talking about himself – instead, I feel like this bill is about survivors of sexual assault and sexual misconduct – and I find it insulting to women. I remember him putting forward a video after Bill 9 saying that he knows what's good for women in this province, and I would have to disagree with that wholeheartedly. I think his voting record as a Member of Parliament really speaks to that. His actions speak louder than his words, Madam Chair. Either way, it's good to know that at least they are listening to our government and agreeing with this amendment today.

**Mr. Nixon:** Point of order, Madam Chair.

**The Deputy Chair:** Point of order. Please go ahead.

#### Point of Order Relevance

**Mr. Nixon:** Madam Chair, I rise on relevance. We're talking about an amendment that has been brought forward by this government in an unprecedented way to correct a mistake. The member who is speaking right now is speaking about anything but the amendment. Quite frankly, I think it is quite ironic that she would spend her time attacking members on this side of the House when it's already been pointed out that that's the problem that got them to the same place. In addition to that, that member, just less than 48 hours ago, stood in this House three times and voted against women. That's her record in this Chamber, not the hon. members . . .

**The Deputy Chair:** Hon. member, thank you.  
The Deputy Government House Leader.

**Ms Ganley:** Thank you, Madam Chair. I understand that the debate has gotten rather heated in this place today. I think that, based on the experiences of members in this Chamber, there has been a certain amount of latitude allowed today. I appreciate that the Opposition House Leader feels the need to amp this up, but I think the member is more than willing to carry on and get to the point. I'm seeing nodding, so I think that in that case we can carry on, and I'm sure she will speak on point.

**The Deputy Chair:** Thank you, hon. members. For all members of the House, if you could reference *Beauchesne's* 459, relevance of the debate. I try to allow as much leniency on both sides when we're in Committee of the Whole. I believe I've done that for the opposition side as well as the government side. If I could just ask that we on both sides refocus on the relevance of the sections. At this point there is no point of order.

Please go ahead, hon. Member for Calgary-Bow.

#### Debate Continued

**Drever:** Yes. Thank you, Madam Chair. Well, you know, the whole thing that I was trying to say was that this amendment is very important for women's lives. It will provide serious consequences to health care providers who think that they can get away with sexual misconduct or assault, and I'm just so proud to support it.

I've listened with great interest to members on all sides, in particular to the other side, the United Conservative Party. They've spoken very passionately about wanting to send a message to women in Alberta, as I mentioned before, but I can't help but think that they've already sent a very powerful message. Back in May of this year, when the House was debating Bill 9, Protecting Choice for Women Accessing Health Care Act, I didn't hear a word, actually, from the members of the United Conservative Party. In fact, they left this House every time we voted on that bill, 14 times.

**The Deputy Chair:** Hon. member, if you could please focus on section 7 of the amendment.

**Drever:** No problem. You know, I'm just pleased that today they decided to join us in condemning violence and harassment inside a doctor's office.

I am very happy that our government has done a lot of work for survivors of sexual assault in this House. We've done a lot of work by increasing funding for women's shelters by \$15 million. That has helped more than 17,000 women and 14,000 children in Alberta. We have provided \$6 million in emergency financial supports to 5,489 Albertans fleeing abuse. This government has provided \$25 million in new funding for FCSS to address sexual violence and to promote healthy relationships.

This government has also provided \$33 million to 121 community projects that support survivors and to help end family violence and sexual violence. This government helped the North Rocky View Community Links family violence services project and Sagesse, a peer support service in Calgary and Airdrie, providing more than 1,500 counselling hours. I'm very proud of that. I know that I've personally been to many of these organizations myself, and they're very thankful for our government's work because now they can properly help their clients in addressing family violence and sexual assault.

10:30

You know, I just wanted to stand to say that I support this amendment, and I encourage everyone in this House to do the same. Thank you.

**The Deputy Chair:** Thank you, hon. member.

I will now recognize the hon. Member for Fort McMurray-Conklin.

**Ms Goodridge:** Thank you, Madam Chair. I would like to move an amendment, and I have the requisite number of copies here. Would you like me to wait until you receive the amendment?

**The Deputy Chair:** Just to clarify, hon. member, it's a subamendment?

**Ms Goodridge:** It's a subamendment, yes. Thank you, Madam Chair.

**The Deputy Chair:** You can just wait until I have a copy at the table.

Please go ahead, hon. member. Your amendment will be referred to as SA1.

**Ms Goodridge:** Wonderful. Thank you, Madam Chair. Alberta's United Conservatives are proud to have shown our effectiveness by pushing the NDP government to ensure any health care professional who sexually abuses a patient never practises again, but we can still do better.

Allow me to read this common-sense subamendment to the government's amendment to ensure that we cover all criminal convictions involving a doctor and a patient: (a) part A is amended (i) by renumbering it as part A.1 and by adding the following before part A.1: A. section 7(a) is amended by striking out "Subject to subsection (3), a person" and substituting "Subject to subsections (3.1) and (4.1), a person"; and (ii) by adding the following after clause (b): (b.1) by adding the following after the proposed section 45(4):

(4.1) Notwithstanding anything to the contrary, a person whose practice permit and registration are cancelled as a result of a decision of unprofessional conduct under sections 82(1.1)(b) or 96.2(1)(b), based in whole or in part on a conviction of an offence under the Criminal Code (Canada), may not apply for the practice permit to be reissued and the registration to be reinstated.

Madam Chair, as you've already heard many times over the past few days, the United Conservative Party does not believe a ban of five years is long enough for health professionals who commit serious sexual offences. The government's amendment today performs that service on behalf of patients if they have been sexually abused by a health professional. This will include all convictions under the Criminal Code that align with sexual abuse and all findings by a tribunal for guilt of sexual abuse.

What this amendment does not ensure is that health professionals whose licences have been pulled due to a Criminal Code conviction that aligns with sexual misconduct also face a lifetime ban. Our United Conservative caucus has been trying through every legislative means possible to us as members of the opposition to impose a lifetime ban on any health professional who has been found guilty of sexually abusing a patient and who has had their licence pulled for sexual misconduct. We are pleased the government's amendment shuts the door on convicted sexual abusers, but we also on this side of the House want to see the door closed for criminal convictions aligning with sexual misconduct.

The bar for a criminal conviction is high, and Albertans would be shocked to learn that Bill 21 leaves the door open for someone who has had any conviction for sexual offence involving a patient, including potentially harassment and voyeurism, to apply for their licence. We are hopeful that this government will understand the importance of dealing with all sexual offences with the same firm measure.

Let's fix this bill now to offer Alberta women and patients the utmost protection now and provide all Albertans with the faith that their legislators are crafting laws that deal firmly with all criminal convictions.

Thank you, Madam Chair.

**The Deputy Chair:** Thank you, hon. member.

The hon. Deputy Premier and Minister of Health.

**Ms Hoffman:** Yeah. Sorry. Is this 29(2)(a)?

**The Deputy Chair:** No. We're in Committee of the Whole.

**Ms Hoffman:** It's not. Okay. Thank you very much, Madam Chair. I just want to say that I think the intent of the mover aligns with the intent that we share in government. I just have questions. The reference in the actual subamendment refers only to the Criminal Code. It doesn't say: of a sexual nature. As I understand it, we will soon be at a point where we rise. I think what the mover said in her remarks was: Criminal Code of a sexual nature. I think we might have to work collaboratively. Again, if there's an opportunity, when there is a desire to work on amendments – certainly, if we would have had this ahead of time, we could have worked on that language and would be happy to do so with our staff while we, of course, honour our veterans.

I have to say that I want to thank again all of the colleagues who have been involved in this process for many, many months. I believe it was in April when we first started speaking publicly about this. I know how heart-wrenching and emotional and challenging this has been for probably everyone but explicitly for the survivors who've approached me. I know how committed they are to making sure that this never happens again and that we ensure that every person who has survived has confidence that their abuser is being held accountable and won't have an opportunity to reoffend.

Again, I want to say to both of my cosponsors how honoured I am to have worked with them through this process to make sure that we not only send a very clear message – obviously, that is a big part of this – but that we also have by far the strictest legislation to ensure that there is no room. As I had mentioned in the introduction of this bill, the days of impunity are over, and we are bringing folks out of the darkness into the light so that folks have an opportunity through this legislation and through the work that we've done to align in supporting survivors.

A few ways that we've done that before today include, of course, the increased investments to the sexual assault centres as well as bringing forward protections for folks accessing . . .

**Mr. Nixon:** Point of order.

**The Deputy Chair:** A point of order called.

#### Point of Order Relevance

**Mr. Nixon:** Madam Chair, again, I'm very interested in hearing what the minister has to say about it. I think it's important to this piece of legislation, but we are literally on a subamendment. The relevance of this for the debate portion of this subamendment that is before the floor is confusing the process. I actually don't think that's the Deputy Premier's intention. I want to hear more about what the Deputy Premier has to say on this important issue. That's what Committee of the Whole is for, but we're specifically on this subamendment at this moment.

**The Deputy Chair:** The hon. Deputy Premier.

**Ms Hoffman:** As I was saying, I believe that this subamendment, with the intent that was referred to by . . .

**The Deputy Chair:** No. We're still on the point of order. Does the Deputy Government House Leader have a comment?

**Ms Hoffman:** Oh, I'll let my House leader defend my honour.

**Ms Ganley:** Thank you very much, Madam Chair. I do believe that the Deputy Premier is willing to refocus her comments with respect to the subamendment specifically, so I'm happy to let her continue.

**The Deputy Chair:** Thank you, hon. Deputy Government House Leader. Again, because we're in Committee of the Whole, I do try to allow some latitude. I know that there were some specific questions, so if the minister could maybe focus specifically on the new subamendment, that would be appreciated.

#### Debate Continued

**Ms Hoffman:** Thank you very much, Madam Chair. The subamendment speaks to and the mover of the subamendment spoke to the importance of being very clear around the Criminal Code components, building on that, of course, and respecting the fact that it is survivors who we are motivated to ensure are protected and have the ability to have full confidence as well as anyone – any woman, any Albertan – entering the health care system. That's one of the reasons why through the legislation we've added the components around transparency and posting. I certainly appreciate the intent of the hon. member. I think we had a very good conversation with the opposition Health critic to explain why we were bringing forward our amendment this morning and last night, and I certainly welcome opposition members who have amendments and want to ensure that we're aligned and have good understanding to do the same moving forward.

Thank you.

**The Deputy Chair:** Hon. Deputy Premier, I hesitate to interrupt, but pursuant to Standing Order 4(3) and Government Motion 28 I shall now interrupt the proceedings and call the committee to rise and report progress.

[Ms Sweet in the chair]

10:40

**The Acting Speaker:** The hon. Member for Calgary-Shaw.

**Mr. Sucha:** Thank you, Madam Speaker. Committee of the Whole has under consideration certain sections of Bill 21. The committee reports progress on the following: section 7 and section 26 of Bill 21. I wish to table all amendments considered by the Committee of the Whole on this date for the official record of the Assembly.

**The Acting Speaker:** Thank you, hon. member.

Does the Assembly concur in the report? All in favour, please say aye.

**Hon. Members:** Aye.

**The Acting Speaker:** Opposed? So ordered.

The Deputy Government House Leader.

**Ms Ganley:** Thank you very much, Madam Speaker. As we were slated to adjourn at 10:45 in any event and seeing as everyone has a Remembrance Day ceremony to get to, I would propose that we call it 10:45 and adjourn until this afternoon.

[Motion carried; the Assembly adjourned at 10:42 a.m. pursuant to Government Motion 28]





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