LEGISLATIVE ASSEMBLY OF ALBERTA

Thursday Evening, February 13, 1975

[Mr. Speaker resumed the Chair at 8 p.m.]

GOVERNMENT BILLS AND ORDERS

MR. HYNDMAN:
Mr. Speaker, I move you do now leave the Chair and the Assembly resolve itself into Committee of the Whole to consider Bill No. 4.

MR. SPEAKER:
Having heard the motion by the hon. Government House Leader, do you all agree?

HON. MEMBERS:
Agreed.

[Mr. Speaker left the Chair.]

* *

COMMITTEE OF THE WHOLE

[Mr. Diachuk in the Chair]

MR. CHAIRMAN:
The Committee of the Whole Assembly will come to order.

Bill 4 The Medical Profession Act, 1975

MR. BENOIT:
Mr. Chairman, I would like to begin discussion of this bill tonight by asking the minister for a clear definition of the professional medical assistant. Beginning right in the very first section we have the list of definitions that are used in the bill and it simply says that a "'professional medical assistant' means a person registered in the Professional Medical Assistant Register."

When we go to the Professional Medical Assistant Register we discover that it is the fifth of five registers in which various categories of medical persons, professional medical persons, are registered. Each one of the previous four, that is the Alberta Medical Register, the Special Register, the Courtesy Register, and the Educational Register, clearly defines the persons who are to be registered in these registers.

When we come to the Professional Medical Assistant Register, there is no definition whatsoever of that person. It simply states that:

> The Professional Medical Assistant Register may be divided into two parts ...
>
> Part 1, which shall contain the name of every person who desires registration, and who has completed a training program at a university or at a post-secondary institution in Alberta offering a training program approved by the Minister of Advanced Education and has received certification from that university or institution as being competent and qualified to act as a professional medical assistant ...

There isn't the slightest indication of what the responsibilities of professional medical assistant are or what field he has studied or what is required of him in order to qualify for the register. The second part of the register is equally lacking in clear-cut description or definition. For that reason, Mr. Chairman, I would like the minister to begin at that point if he could and give us a clear-cut definition.

Before I sit down, I might also say that this is the one new group of medical professions that is mentioned in this act which has not been mentioned hitherto anywhere else. Therefore, if anything it ought to have a clearer definition than the others which are well-established. But it doesn't. It doesn't have any kind of definition at all. I sure would like the minister to clarify that if he would please.

MR. SCHMID:
Mr. Chairman, may I have permission to go to Introduction of Visitors?

MR. CHAIRMAN:
May the hon. minister have the permission of the committee?

HON. MEMBERS:
Agreed.

INTRODUCTION OF VISITORS (reversion)

MR. SCHMID:
Mr. Chairman, I would like to introduce to you and through you to the members of the Assembly, Mayor Paul Kaeser from Fort Smith who is here with a delegation to attend a conference on the North. He is in the members gallery. I would like you to acknowledge him.

Bill 4 The Medical Profession Act, 1975 (continued)

MR. CHAIRMAN:
Any further questions?

MR. CRAWFORD:
Mr. Chairman, I think I probably should deal with this issue right off before perhaps other hon. members may make comments.

The hon. Member for Highwood began and ended by saying that he would like me to give him a clear definition of "professional medical assistant" and I join him in that. I would indeed like to give him a clear definition of "professional medical assistant." Maybe it is possible to come up with a definition, but our feeling was to go the other route and recognize the fact that the professional medical assistant is not a well-defined or well-established category of health service personnel at the present time.

The work of the professional medical assistant is work that is performed in various jurisdictions with various degrees of legislative or other control. Some jurisdictions have educational institutions that offer courses which lead to expertness or at least, if not to certification, to graduation from a course in this area. Some do not. There are well-known examples, in the sense of the nurse practitioner or the emergency medical technician. Most people in the field say that, although those are readily recognizable in most cases, there is literally an open end on this type of person in the sense that there could be, rather than the two easily identified and familiar types of function, many more that are in fact paramedical. Their duties and responsibilities would therefore be different again from the ones that we referred to as the emergency medical technician or the nurse practitioner.

All of this points to the course I think we decided to follow after discussion. Having recognized this as an evolving area, we in fact committed ourselves to move slowly in developing it, in order that the developments will be understood by the various professions and will in fact fill a role that is appropriate to a person who is neither a doctor or a nurse. There is provision for the definition, as well as the types of work, to evolve as the understanding of this field or the learning and experience in this field increases.

I would note what the hon. member probably has also noted, that Section 26(3) indicates that the register might "contain categories of professional medical assistants according to which medical services the council has prescribed with respect to them ... the name of each person ... ." So you can categorize under that subsection and then, going over to the next page in Section 26(6), the thinking on the subject I think is added to when it is pointed out that the person registered may have in respect to him prescribed medical services "that may be provided ... and that person may provide only those medical services so prescribed ... ." That enables, in effect, a definition of a particular one of the potentially numerous fields in the paramedical field to begin to grow.

We don't have courses in the post-secondary institutions for more I think than about the two I have mentioned at the present time. The emergency medical technician course has only been graduating people for two years, I believe. I am not sure what the position is in respect to classes under the heading of nurse practitioner.

So it may not be the only way to handle the situation, Mr. Chairman, but I wanted to suggest that it is probably in the short term the best way to handle it.

The items that can be outlined by the council of the college by by-law that relate to this part are subject to approval, I believe - that was my recollection of going through the bill at the time - of the Lieutenant Governor in Council which assures that a review of what the council is developing in this field will be made.

I think if there's one other thing that maybe I should cover in respect to it, it is the fact that I know hon. members have recently heard by way of a circular letter from I believe it was the Alberta Association of Registered Nurses. I've had get togethers with them and indicated that I understood their concern in the fact that this type of paramedical practitioner was being developed under The Medical Profession Act rather than their act, The Registered Nurses Act, under a new act or both. We had that discussion and basically they agreed with me that, if possible, we'd like to avoid a new act. We'd like to work with existing legislation if we could because I think every hon. member knows that the amount of controversy that arises from the increasing number of classifications, all making claims for various types of recognition and various rights to appropriate part of the field of practice to themselves, is a multiplication of difficulties in trying to legislate and regulate that we would avoid if we can. So I said to the nurses about maybe close to a year ago now, it would be last summer, when we were ready to introduce The Medical Profession Act as it was in the fall of 1974, we'd be willing to look at their act and incorporate similar provisions, or at least similarly appropriate provisions, in their act to deal with the area of the nurse practitioner and we would not expect, in the meantime, that anything done under this would impinge upon the field they expected to occupy in respect to the nurse practitioner.

Now that didn't entirely resolve the matter. They felt that we should at least proceed with the two at the same time. At that point I said to them that I could see their reasoning but did not think that that was essential, one of the reasons being that developments under this type of registry will indeed be slow. I think we'll have lots of time to put in place the legislation that they need before there are significant developments. That's the way it stands now and I don't think there will be any reason we can't, in due course, come up with amendments to the other act that would look as fair to the nurse practitioner as these look to the professional medical assistant.

The only other thing I want to raise, because the issue is discussed in the report of the Committee on Professions and Occupations that the hon. member for Edmonton Norwood was chairman of a year or so ago, is that this places a group of one occupation or semi-professional group in the act which is primarily the property of another major profession. We gave that consideration also and took the position that if the paramedical type of person grows to a significant number and becomes, in the professional organized sense, a mature type of association or body, we would certainly give consideration at that time to removing it from The Medical Profession Act even though our first impression was that that wasn't the way we would want to go. So, we did bring in the provision that on the committee, under Section 26 (7), not less than two professional medical assistants, although that would be a minority of the committee, had to be on a committee to advise council on matters relating to professional medical assistants.

I would say again I think we recognize it's not perfect in the form it is [in], but it is probably as workable as it can be in this form when we compare it with the alternatives we thought we saw.

MR. BENOIT:

The minister has spoken some pretty nice words. I would be pretty nearly ready to remain seated if I hadn't had some previous experiences like this. The only consolation I have is the words are recorded and we can go back and hear them. It is an act which is going to be passed by the Legislature and then the College of Physicians and Surgeons do their thing under the act. They can do what they want with this particular section by way of definition. Since there is no definition they can expand it or contract it to suit themselves. So I think we should have something pretty clear - at least as clear as we can get it - and have it on record. From then on out, as the minister says, if there is a possibility of taking a section out if it doesn't prove satisfactory, fine and dandy. But if we can't, we have to have something else to take its place.

For instance, Mr. Minister, your words bring up a whole lot of questions in my mind. What qualifications will this kind of person have to have? Will these medical assistants be both male and female? You said either a doctor or a nurse. There are other paramedical types of persons who have rather extensive educations. I'll just cite the example of a chiropractor. Is there a possibility that a chiropractor might become a medical ... ? No? Okay. Well you might mention something about that.

You mentioned something about being double registered and seeing no particular problem about being registered under two professional acts. That is probably a matter of opinion.

What about the wage scale? For instance, would a nurse who is now registered as a professional medical assistant be receiving a higher wage than an ordinary registered nurse? Would her category be in the category of a doctor at this point, or would it still be in the category of a nurse?

I think also, who is going to decide. Who is going to make the decision as to whether they qualify if there is no definition involved? Probably one more question, while we are thinking about it, Mr. Minister, would be the by-laws under which this would more or less be defined. Are they available for us now before we pass this act, or do we have to pass the act and wait until the by-laws come in?

If we could have the answers to those questions, they might raise some more.

MR. CRAWFORD:

Mr. Chairman, the hon. member may think I am being facetious, but I'm not, when I say I am grateful to him for raising the issue this evening in this perspective. It is a fascinating subject and one that is engaging the attention of people who are interested in the subject of health care virtually everywhere in the country. I wanted to give him one or two assurances which I think are pretty dependable. He raised the question of the chiropractor, for example. In The Medical Profession Act, it is stated that nothing in it - and that's in the existing Act as well as in Bill No. 4 - has any effect on another person who is also operating under a provincial act. Of course the chiropractors, dentists, pharmacists and many others have their own acts. I think that resolves that issue.

MR. BENOIT:

And so do the nurses?

MR. CRAWFORD:

And the nurses, they do.

Now, another question was, did this involve potentially both male and female. The answer is: certainly.

The question in regard to whether or not there could be double registration, that is not what I was getting at when I mentioned it might exist under both Acts. What I thought we might find was that knowing the nursing profession doesn't want to have people who are primarily nurses, but who may have taken some upgrading and become [known as] nurse practitioners, who are really still members of their association, they don't want them all of a sudden under this Act. I indicated to them I thought we could resolve that by giving sort of equivalent powers, under the nursing profession act, to the nursing profession as are given to the College of Physicians and Surgeons under this Act and that the provisions in the other Act would relate to the field that is beginning to emerge - again difficult to define - in respect to the nurse practitioner, and that that field could be made the subject of by-laws that are under that Act. As I say, they seemed, although not entirely satisfied with that, willing to see our point on it and raised only the issue that we should be doing them at the same time. They placed more importance on that than I did.

I think I should mention I felt at this time that not dealing with the subject at all was certainly possible, but that would not be as good as dealing with it because it is a contemporary issue that should be dealt with. I maintain the passage of the by-laws and their review by the Lieutenant Governor in Council is a reasonable assurance that there won't be sudden foreclosures of great areas of other people's lives by a grasping medical profession. We discussed that very issue with representatives of the college. I've said in the Legislature previously, and certainly said to members of the College of Physicians and Surgeons, that as a matter of philosophy, what we wanted to do, so far as possible with professional acts, was to place as many of the things as possible in respect to that profession in the hands of the people who should know their work best.

I don't think the people of Alberta want the hon. member, or me, to be trying to resolve things that relate to, say, quality of care, standard of practice, degree of education, and so on, if we have an act that places those matters quite substantially in the hands of the profession itself. The passing of a professional act really becomes a declaration of trust - a declaration by the Legislature to the profession saying: we think you can do this best if you do it as a profession, rather than through the bureaucracy or in some other way, to regulate the many things that have to be regulated. Since we believe you can do it best of all, we're going to trust you with it. Then we say to them, of course, at the same time - and they know this and I've said it here before - don't break the trust. Don't go out and start to do irresponsible things, because then the trust is gone and the act is back in the Legislature and you'll be changed.

I think we're dealing with mature people throughout the profession, the 2,600-odd practitioners in the province, who are willing to accept a degree of professional self-government on that basis. As far as this part of the act is concerned, where this special register was introduced, it was as much our preference as theirs not to go into a brand-new area. If we were going to be creating a council of professional medical assistants instead of something under an existing act, we wouldn't know where to go at the present time. There is beginning to form an association. As I say, there are people who are in the field, more or less, but it's such a nebulous area that we didn't think we would get the grasp of it that we would get by following this course.

I would just like to go a little bit further into the specific example of the type of person we are dealing with. I mentioned the Southern Alberta Institute of Technology had recently graduated a couple of classes of emergency medical technicians. The hon. member was asking questions that relate to who decides what their qualifications are, who decides who trains who, whether or not you've graduated, whether you should do this or that as a paramedical procedure.

I say what we have there, using this specific example, is a course that was designed by a group of people at a post-secondary institution whose job it is to design courses where there is a need in the community to develop people with a certain expertise. They developed what is in effect a super course for superior ambulance attendants. They get a certificate saying, you are an emergency medical technician. Our experience with them so far is that they are the best people of the ambulance-attendant type in the province solely because of the training. It's areas like that that we want to identify. We want to say, here is a place where we can move into an area of health care and sort of stake out an area, that a doctor doesn't have to do this. It doesn't have to be a doctor or a nurse. In the typical example, in an accident an ambulance attendant, say, putting an airway down a person's throat when there is an obstruction to save his life, perhaps a direct result of an injury in an accident.

I suggest that is a good example because nobody really expects there will always be a doctor on the spot as quickly as there can be an ambulance attendant on the spot. But a lot of ambulance attendants don't dare attempt that because they are not trained for it. We can train people for that and put them in the field. That is really what has been done in these last two classes that were graduated from SAIT.

Yet legally at the present time, these people - and I think it does include both men and women - are probably in some danger of legal suits and so on if anything ever goes wrong in one of these procedures, which they are fully qualified to do, because there is no distinct legislative authority that makes them even legally exist. They are there. They have had their training. They have their certificate but there is no statute of the province where you can turn to a page and say, as an emergency medical technician I now legally exist. Until we have something like this there is no statutory recognition for them.

Those were the many and varied things that were considered. I must say I do rely on the profession to deal correctly in the situation with the paramedical people and I believe they will. If they don't, I would be quite willing to admit I'm wrong and join hon. members in really rapping them over the knuckles for abuses. But I just don't expect that those are going to occur.

MR. BENOIT:

I think, Mr. Chairman, there is a degree of understanding in that area. I like the way the minister says the act is being passed with a declaration that it will be a trust on the part of the profession to look after things the way they ought to. However, professions look upon one another with less trust than the population looks upon the profession probably. Therefore that has to be taken into consideration.

I would like to ask the minister another question. He seems to know roughly the type of person who will come into this category. So I raise the question, if the nurses are practising under their act and the chiropractors are practising under their act, just using that as an example, why wouldn't the chiropractors, under certain qualifications, be qualified to become professional medical assistants? Would there be any reason why not?

MR. CRAWFORD:

As far as I know, Mr. Chairman, there's no reason a lawyer or a teacher might not want to take the course at SAIT and become an emergency medical technician, but I can assure the hon. member that as far as a chiropractor is concerned, he couldn't afford to take this course and go to work for what emergency medical technicians make. So there's no worry about that.

I didn't mean to say that there wasn't a way that a nurse, for example, could become registered. I discussed that very issue with the nursing profession. I said if a member of your registered nurses association, as a free human being, wants to go and do something else, surely she can do that. And they said, well, we agree with that. We agree if she wants to go into whatever - maybe she's going to switch to dentistry and so on, and take the 18-month course or whatever it is, to become proficient and expert in it ...

AN HON. MEMBER:

... the law takes many years.

MR. CRAWFORD:

Maybe that will happen, this person will do just that. But the assurance that they were looking for was that, through these few sections of the act, the medical profession in particular wouldn't occupy a field in which there were significant reasons why large or at least moderate numbers of nurses would have to go through this procedure to upgrade skills. In other words, they would have to become professional medical assistants to upgrade themselves out of the stream of profession that they have risen up through, through education and experience in nursing.

That's where I indicated to them that we felt it was most likely that they and we could agree on amendments to the nursing profession act which would show that the nurse practitioners, sort of post-nursing development, which brings with it an opportunity to earn more money that's the whole reason for it, that this would develop from their side through the nursing profession act. For those reasons, our course was one that we thought we should follow at the time. They were more or less happy with it, but commented on the fact that they would have liked them to go ahead at the same time.

MR. HC LEM:
Yes, Mr. Chairman. Thank you very much. I'm really a little hesitant in asking this question in that I'm seeking a very simple answer, and I hope that we don't get a long speech in return.

AN HON. MEMBER:
That's a long question, George.

MR. HO LEM:
Mr. Minister, I'm sorry that I was late in coming to the meeting. Perhaps I might have missed it, but my question is very simply this. Can you be a little more definitive as to what is a professional medical assistant?

[Interjections]

You've made reference to ... and of course, ambulance personnel and attendants and so on. But in the field of health delivery, as you know, we have, starting from the top, the degree nurses, then the registered nurses and the CNAs, then the hospital assistants, the ward aides and so on, and even the people in the kitchen. But I want to know if you might be able, in a very few words, to be very definitive for my understanding and for my clarification, what is this animal? What is a professional medical assistant? What type of work does he do in the field of health delivery?

MR. CRAWFORD:
Mr. Chairman, in a few words, I suggested to hon. members that there are a couple of easily identifiable and known classifications that I think everybody could pretty well agree are paramedical by definition. We referred to the emergency medical technician and the nurse practitioner.

I then outlined that I think this field will grow with more and more classfications - that is one of the very reasons it is so difficult to define - and that the definition itself is something that should grow from experience in an area which is only developing in our particular jurisdiction.

That is the answer I gave, Mr. Chairman, and indicated that we considered the possibility of trying to come up with a succinct definition and thought it would be better, at least at the outset, to allow some descriptions of the type of work and the type of course to take place by way of by-law, which would be reviewed by cabinet, beginning to classify this type of worker in the health field.

The possibility, of course, of it including people who aren't directly performing service directly related to health, I would say doesn't exist. There is no possibility, for example, that your caretaker in the hospital or your worker in the kitchen would ever be classified here. This is a person who is involved in treatment. The aspect that matters is that it is normally a person who can perform a medical procedure as well as a nurse or doctor, but who isn't a nurse or doctor and can therefore free the nurse or doctor for more efficient use of their own time.

Just another example - the hon. member asked me for a definition, not examples, but one came to mind. During one of our visits to Fox Creek, where there is a nursing station, there were two people, I guess equally in charge and they were the only people present. There is no hospital. Two people who served the municipal nursing station there - one male and one female, one I believe an orderly, and the other a registered nurse - were doing things like sutures because they were a hundred and some miles from the nearest hospital. This is the sort of thing they can do and can do quite well. They were very expert at it. But strictly speaking, and it was a concern they expressed to me, they wondered if they could be making themselves liable should anything go wrong in some of those cases. Even though they were performing in an area they were well able to, there was no specific statute they could turn to saying they were entitled to do it.

MR. HO LEM:
Mr. Chairman, in way of comments to the hon. minister, I think that perhaps we could be a little more definitive. I think the question of concern that has been raised by many - and as you know, I am associated in one way in the hospital board. Some of the concerns expressed by our professional people are that certainly while the act reads a "'professional medical assistant' means a person registered in the Professional Medical Assistant Register;" that there was no clear classification in a more specific way as to what this person really is. If there were more specific classification I think that would ease a lot of the concerns which are now being expressed by other professionals in this health field.

MR. CRAWFORD:
Well, I want to comment on that too, if I can, Mr. Chairman. I found the reverse, particularly among Calgary doctors. They have indicated to us that what they really wanted to get the show on the road was legislation that created in a statutory, legal way the professional medical assistant in order that they could begin to deal with this field. They had no special desire to appropriate people who were not doctors and bring them into a statute which had to do with doctors. There was no great desire to do that. They would have been quite happy if we had found another way of doing it. We could find another way, but we couldn't find a better way. That was the difficulty.

I can assure the hon. member that some of the most active urgings I've had to proceed with this, which of course the college negotiated in effect with the government by working with our legislative people and cabinet and caucus committees - I know the hon. members opposite met with the same group from the college, their solicitor and their registrar. I would have thought they, having been through this, were representing the feelings of the medical profession when they said, will you please proceed and will you please do it this way.

One of the things that happened in the course of committee discussions with them and so on was to bring in the professional medical assistant members on the committee. They agreed to that at once. The sensitivities between different occupational and professional groups are wellknown to them. They agreed at once to the idea that doctors alone shouldn't be the ones to form the committee that advises the council of the college on the by-laws and all the other matters related to it.

I did mention at second reading - because this sort of question came up then - that if one looks carefully, although medicine itself is defined, it is not defined by saying what it is. All it does is say that it includes two things, surgery and obstetrics, but doesn't include two other things, osteopathy or veterinary surgery. If you look at that for clarity of definition, then ask anyone who would never have doubted in the first place that medicine must include surgery and obstetrics - surely that is not meant to be the whole world of medicine.

Everybody knows if you began to define what the world of medicine is as a result of it, human error and the English language being what it is, you would probably end up cutting somebody out of a function which has grown up over hundreds of years of experience in the medical field; so because you left it out of the definition, you then couldn't do it. That would be an example of a definition serving to curtail rather than enhance the carrying out of a profession.

I suggest that is the reason medicine is so sketchily defined and was so sketchily defined in all previous legislation preceding this Act - which goes back I recall to 1909. The registered practitioner himself is barely defined. He is only a person who has been duly registered. So you have no definition at all of what a doctor is, none at all, no definition at all of doctor or of any of the various subareas you and I think of when we think of medical doctors. Again that is not an entirely satisfactory result, but it is a familiar situation in legislation of this type where we are concerned that defining before we know exactly what it is we are doing with it may indeed do more harm than good.

MR. HO LEM:

Please don't misunderstand me, Mr. Minister, I am not quarrelling with the register. I think this is good. I think there should be a register to ensure that the proper people have received of their proper education and certification before they go into the area of dealing with human lives. I think this is very important so please don't misunderstand me in that respect.

I'm merely saying that if these people are required to take a course, whether it be a degree course or a course by graduation and receiving a certificate, there must be a name attached to this couse. If there's a name attached to this course, whether it be in the area of emergency personnel or ambulance attendant or whatever, why can we not at this time attach that name to this registry and then, from time to time, add to and expand it to include others.

MR. CRAWFORD:

In effect it's the evolutionary process the hon. member is describing at the close of his remarks when he said no doubt we would add from time to time. That's really what we want to achieve. We know what will happen is that when this legislation comes into effect and the council of the college begins drafting by-laws that will relate to this, they will no doubt begin by saying something to the effect that for the purposes of Section 26 of The Medical Profession Act, an emergency medical technician is a professional medical assistant. Now that's the beginning. That will be in a by-law and it will be probably from there onto another similar statement in respect to another group.

MR. CLARK:

Mr. Chairman, I would like to direct just one concern to the minister. The minister touched on it partially when he was referring to comments made by the Member for Highwood. It deals with some representation that I've had made to me, frankly, during the course of my presessional meetings with the paramedics who are part of the rather improved ambulance service in Calgary. The concern expressed to me centred around the kind of medical procedures or the kind of things that in fact these paramedics do once they get to a fire or to an accident and then from there back to the hospital.

My question, at least at the outset, is really twofold. First of all, where are the guidelines set out for these people? Secondly, as a result of this legislation, what about the legal complications? I assume the minister said they would no longer be held responsible for their actions from a legal standpoint. I would like the minister to deal with those two items.

MR. CRAWFORD:

Mr. Chairman, I'm glad the hon. Leader of the Opposition raised that point because the answer to his question is one of the reasons for proceeding with this part of the act at this time.

As to the legal liability I think the situation, without getting too sophisticated in the area of legal opinions at the moment ... . But the reason for bringing this forward was in part that people who were qualified to perform certain procedures had no statutory authority to go back on and say, this is why I'm entitled to perform this particular paramedical procedure. If they didn't have a statute to go back on because it wasn't in The Medical Profession Act, it wasn't in any other act at the time, they were fearful if they could even get things like negligence insurance in the event that, in spite of their best efforts on a particular occasion doing a procedure they were trained to do and well able to do and experienced at, if something went wrong they will say, our legal necks are out a mile and we feel uncomfortable. That was the reason this sort of thing became important, that they would then be able, of course as other people in the field can, to say, of course I'm entitled to perform these services so long as I don't perform them with negligence. I am a person authorized by statute to perform them. That's an important part of it.

I think the other concern the hon. leader mentioned in respect to the people in Calgary was really closely tied to that. Along with having statutory authority they certainly do want definition of what it is they're entitled to do so that that's clear. An emergency medical technician, as with the Calgary Fire Department, would not do things that were not provided for in the by-law which recognizes emergency medical technicians under this part of the act. That's why Section 26(6) says the the register will "prescribe the medical services that may be provided by that person." There would be the opportunity there to give a fairly clear definition. I hope that answers most of the hon. leader's concerns.

MR. CLARK:

Mr. Chairman, just following that along to the minister. Then, for individuals who, in fact, become concerned as to the scope of activities of these paramedics, who I think are well-trained at SAIT and frankly have certainly upgraded the ambulance service in Calgary over the past year or two, their avenue of redress then would be to go back to the college. Is that in fact so? Or what is the avenue of redress for the concerned? The kind of concern that was expressed to me was, here was a person who has had perhaps a six- or eight-month course, or perhaps it was longer than that, at SAIT. They arrive at an accident and, perhaps after having an ECG, make some pretty quick decisions as to what should be done when, in fact, these are the kinds of decisions that doctors, especially general practitioners, have a great deal of difficulty [with] and can't interpret themselves without special help and so on. So this gets into the question of how far they go and where is the redress. That's the real concern that was raised to me. It wasn't being unjustly critical of the work they have done to date. A tendency that this person passed on to me, of more and more complicated procedures being carried out by these people in areas where frankly their training hasn't equiped them.

MR. CRAWFORD:

I think, Mr. Chairman, that the concern, say, of the member of the public who is afraid that a person who is partly trained in a sense - maybe fully trained for what he is supposed to be doing but partly trained in the field of practical medicine - will then attempt to do something which is beyond his competence. This is the sort of protection the public needs so that sort of thing will be very very much limited. Once this is in effect and the by-laws establishing the boundaries of that person's competence have been passed, for the first time there will be a frame of reference against which the person's competence and his scope of practice can be limited and brought together. Right now it's to the disadvantage both of a patient, for a person who has gone beyond his capacities and the person who is going beyond his capacities because he hasn't had them defined at the moment and so may make quite a mistake without meaning to and become personally liable for damages.

MR. CLARK:

Where is the redress?

MR. CRAWFORD:

Oh, the redress. In the event that this passes and the by-laws come into force at that time, a person who is entitled to practise as a paramedical person would presumably practise within the regulations, in the same way as regulations under other statutes presume that people will conduct themselves pursuant to those. If they go beyond that, they have breached a regulation. This is a human failing which will undoubtedly occur from time to time. Somebody will actually breach a regulation. At least we will be in the best position, I think, as a consuming public and as a government indirectly or directly providing some of these services, to know that there was a definition; there was a system of checks and balances in the way this person conducts himself and that what he has done, in fact, and probably knowingly, is exceeding what he should do. That would be the same as any other person breaking any regulation under another act.

There would have to be a sanction of some sort by way of a fine, or declaring it to be nonprofessional conduct, and the possibility of suspension from practice. All of these would be some of the things that would flow from a person going beyond the boundaries of his competence once it is regulated. The problem that still exists is that it isn't yet regulated.

MR. CLARK:
Just to hopefully follow it along one more step, let's assume a member of the public finds himself in that kind of situation. It's a matter of then getting hold of the minister or getting hold of whoever is looking after the registry in the department, or in fact does the minister see these regulations being done by the college and being looked after by the college?

MR. CRAWFORD:
Well, we expect the college to prepare the regulations in the form of by-laws of the college, following input from their advisory committee which will consist of not less than three physicians and not less than two paramedical, paraprofessional, people - put them in the form of by-laws. Then, as they are passed by order in council, they come into effect. That would be the system. If after they're in effect some person exceeds them, that becomes, as I see it, another lawsuit - if I can simplify it that much.

Suppose the hon. leader is the victim of somebody who has exceeded his authority and suffers some pain as a result of it that he'd rather not have had. If he consulted his lawyer at that point, his lawyer would look up the regulations and say: this character, who is presumably licensed under this category, has been practising beyond what the regulations allow. Therefore certain sanctions against that person come into play - the ones I mentioned: professional discipline, a fine, whatever, depending on the seriousness of it. So it becomes an instance where your redress is the due process of law. The problem I think hon. members hear about more now is that there's no due process because there are no regulations. That's the part that has been of some concern.

MR. CHAIRMAN:
The Chair just would like to get ... Excuse me, I don't want to interrupt the discussion, but the hon. Member for Edmonton Ottewell would like to revert to introduction of guests. Is that agreed?

HON. MEMBERS:
Agreed.

INTRODUCTION OF VISITORS (reversion)

MR. ASHTON:
Thank you, Mr. Chairman. It's my pleasure to introduce some twelve young scouts from the 152nd Salisbury United Church troop in Sherwood Park. They are accompanied by their Scout Master, John Hilach, and Assistant Scout Masters, Dave Chabillon and Vince Laurin. I request that they all stand to be recognized by the Assembly.

Bill 4 The Medical Profession Act, 1975 (continued)

MR. HO LEM:
Thank you, Mr. Chairman. I appreciate the explanation the good minister has offered concerning the qualifications and giving the right for these people to act within that jurisdiction or within the register, and soon. I think this is good.

However, when we're talking about acting within that sphere of responsibility, that does not remove him from the possibility of legal suit. Let's make that point quite clear. If it's through malpractice, certainly he would be subjected to a civil action.

Furthermore, the comments were made that he may not go beyond his field as defined in this particular register. I think that sometimes when we go beyond the field and happen to save a life, we become a hero. We get the Canadian medal of honor and all these things.

But really, I just want to say this: this does not prevent a person from being subjected to a legal suit.

MR. CRAWFORD:
That's right, Mr. Chairman. A person acting within his professional competence may become liable for suit if he is negligent. If he is not negligent, there is no profession in which a person is liable for working to the best of his ability.

MR. BENOIT:
My question would deal with Section 64 and is not unlike that of the hon. Member for Olds-Didsbury, but has to do with the nurses. [Section] 64(1)(b) says that, "... a person is guilty of an offence, who ... being registered in respect of one class of practice, practises in respect of a class in respect of which he is not registered ..."

I'm thinking of what we were discussing, Mr. Minister, with regard to nurses. Many nurses are specially trained for extended health services, I'm thinking of nurses in the north country where there are some who are well-trained and capable of practising midwifery and things of this sort - quite extended. According to this, midwifery is

something that is done by the physcians and surgeons, the professional medics, not by the nurses. But these nurses are practising now under their Act, and they might be better trained than the professional medical assistants in some instances. Yet under their Act they would be permitted to do it.

Would this bill, the way it is written now, permit them to continue practising without it being considered an offence against this Act?

MR. CRAWFORD:

Mr. Chairman, that is the point on which I would like to refer hon. members to Section 66(2) which does say, "Nothing in this Act applies to or affects the practice of any profession or calling by any person practising the same under authority of a general or special Act of the Legislature." So the nurses and all others of similar characteristics - in other words any health-directed profession that has its own act or practises under any act of the Legislature - couldn't be charged under these provisions.

MR. BENOIT:

A final one that I have in this particular area is the next, subsection (c), which says that the "... professional medical assistant, provides any medical service other than one the provision of which by him has been approved by the council." Could I assume that the council has not yet made that approval list, or if and when they have made it, would it be made available of course to all who desire it?

MR. CRAWFORD:

Yes, it would be in the form of a regulation once it came into effect and it would therefore be public. All that it is meant to say is if a person is, say, trained specially for certain work as an emergency medical technician and that class is then defined in the types of work laid out - they relate to ambulance work primarily but also to certain other things. He might be well-qualified to practise all that he knows - remember, not beyond what he knows - in an outpost somewhere there is no doctor. He would be very useful there.

But suppose he isn't doing that, instead he sets about to practise in a doctor's office with a doctor, but the by-laws through another section have described a clinical type of paramedic as opposed to an emergency type of paramedic. By doing the one when he wasn't licensed for that, whereas he was licensed for the other, he would have breached this section. That is all that means.

MR. SORENSON:

Is the hon. minister satisfied with the procedure used in Section 10? I see no true representation from the general public there. It seems to me they should have been elected much like our representatives to government are elected.

MR. CRAWFORD:

I think this is another area, Mr. Chairman, in which the question is certainly a legitimate one. I think our people who studied it came to the conclusion that in some ways slow progress, when you are gaining experience in correcting a system, is maybe more valuable than sudden and rapid progress. So we decided that the principle at issue here was that for the first time members of the public would become privy to the workings of the college and three of them would sit as fully qualified members of the council of the college.

This was a first. We didn't want to go beyond that and start experimenting with something like election to it. It didn't seem necessary. We wanted to see how the system works the way it's proposed here, noting it is the first time the council of the college has had people on it who are not registered practitioners.

MR. DIXON:

Mr. Chairman, during second reading of this bill I spoke a few words regarding the suspension of hospital privileges. We seem to have quite a rash of it here in Alberta at the present time. I know of at least three or four cases. We had a good example today where we had 800 people petitioning the Legislature for the government to try to investigate and do something about the suspension of hospital privileges for a medical practitioner. I was wondering if the government is giving any consideration to investigating these cases fairly quickly because, as I mentioned during second reading, there has been quite a bit of concern, in particular here in the Edmonton area as to the Stony Plain Hospital and the practitioners there. We've also had the one today and there are others. I'm wondering if there isn't some machinery that could be set up, that once a doctor has been either suspended or given very limited hospital privileges the case is immediately referred to the College of Physicians and Surgeons or to the registrar and maybe somebody from the hospitals division, so the thing can be looked at right away - at least on a temporary basis.

I understand in the case of the hon. Member for Vermilion-Viking, that case has been going on for some three months. Startling statements were made in the investigation at Stony Plain and yet I don't believe anybody should have been suspended from any privileges on that account. I'm just wondering if there isn't some way of speeding up the processes to investigate as to whether these people should be suspended or whether they are being suspended unfairly by the hospital boards.

I can understand it's not an easy thing to do because it's quite easy for a practitioner to probably phone up, or have his nurse phone up all his patients and say, write in to your local MLA or local hospital board because they're wanting to suspend me. He can give his side of the story. That stirs the community up and nobody else seems to be taking part in it. The hospital board is getting blamed for it. Whoever has made the decision is getting the blame for it without any really quick investigation as to whether it is a case that a suspension should be given, rather than just leaving it at the local area and letting them fight it out all the time. I think it reflects on the whole medical practice right throughout the province and our hospitalization program as well. I wonder if the minister or his department has given any thought to quicker investigations of suspension of doctors because, after all, they are dealing with human beings, the most important things in this world.

MR. CRAWFORD:

Yes, Mr. Chairman, the hon. Member for Calgary Millican has certainly opened an interesting subject. The whole issue of hospital privileges is one that is delicately balanced pursuant to, I think, a lengthy tradition of the operation of hospital administrations. It is a situation that is made to order for conflict, particularly where a person either on the board or on the medical staff is the sort of person who likes conflict or maybe unwittingly contributes to it.

The situation - and maybe this is what should be examined and changed, but it would be a very very large piece of business to change it - is that the hospital boards have traditionally had the right to say who shall have the right to practise in their hospital. That's been a decision of the boards. Maybe somebody should look that over. We have looked at it, not in a deep way, but at least to the extent of saying that we felt it was closely related to the issue of local responsibility and local self-government. Similar to the school boards and the town councils, the hospital boards throughout the province were in fact a form of local self-government.

I think it is important to remember that a person who is a medical practitioner has the right to practise whether he uses any hospital or not. That's his right. He is entitled to practise medicine anywhere in Alberta if he is a graduate of an accredited institution, is of good character and has maintained his competence to the extent that the register of the College of Physicians and Surgeons continues to carry his name.

Now, if he wants to practise outside of any office or clinic that he may choose to set up or join, if he wants to practise, as most doctors do, in hospital too, he comes into another jurisdiction. That is the issue - whether we would find that the people would be better served if hospital boards throughout the province no longer had that right. That I seriously question. Because that would mean that if the hospital board, as a responsible local agency, no longer had the right - which may blow up in everybody's face every once in a while - to say what practitioner could practise in their hospital it would mean, in effect, that somebody in my department or in the Alberta Hospital Services Commission would be making that determination.

Remember it is not a determination of the competence of the doctor because the college does that. It is a determination of whether or not that individual should practise in a particular place. I'm just not satisfied that the Commissioner for Hospitals, a committee of the Alberta Hospital Services Commission or any other body could make all of the determinations for all of the hospitals in the province on some basis that, on the average, would be superior to the way the boards do it.

I say that acknowledging that the system whereby the boards have that jurisdiction does bring with it some well-known difficulties. Now I don't know if the hon. member wants me to go beyond that in respect to the specific instances that he has referred to but I will treat that as being my response for the present. He may wish to pursue it.

MR. DIXON:

Mr. Chairman, I am pleased with what the minister has said but I think he has misunderstood what I want. I am not wanting to take the right to suspend away from the hospital boards. But in my opinion as a layman, if a medical practitioner, whether he or she, has been suspended, there must be a very good, very serious and valid reason for this suspension. So all I am saying is that that should be investigated immediately because it must reflect, in many cases, on his confidence - not in every case, but in a lot of cases. There should be some way that that situation could be corrected by way of a permanent suspension and some support of the board that they did the right thing with the backing of his own peers, his own medical practitioners. This is what I was concerned about.

Here we have this situation and they go on for months. I think it is a bad thing for everyone concerned, including the profession itself. That is the reason I think there should be some machinery - not machinery to take the privilege of doing this away from the hospital board - but I say once a person is suspended, that thing should be immediately reported. I am sure the minister could get a volunteer group at least to hear the case and say, yes, something should be corrected here immediately. That way, it would probably forestall all this long wrangle of weeks and weeks in different communities throughout the province where this happens.

Eventually a decision has to be made because a man either wants his privileges back, if he is fighting for them, or he should be told that there is no way he is going to get them and he might as well forget about it. If the breach of whatever he has done is serious enough, I think if the medical profession thinks anything of the profession at

all, they should be most anxious that this man isn't practising. What protection has a layman got other than by somebody who is in a position to rule on whether this man should be practising or not?

MR. CRAWFORD:

I think there are a couple of issues involved, Mr. Chairman, in [what] the hon. member has raised. Maybe I can begin remarking upon them by mentioning that in the example a couple of years ago of the difficulties of the Fort Vermilion hospital, where we did have a public inquiry, the essence of the whole thing was very serious differences including allegations of racial prejudice against the administrator by members of the public. So that was one made-to-order situation where we had to go quickly with an inquiry.

In the Mannville one, the problem they are having now is related to a very vociferous dispute between the medical staff and the administrator, not between the public and the administrator although I think that is also present. I should say my information is that that is alsc present, but it's primarily because the public then moves to take sides. The primary issue was an in-house dispute between the administration and the medical staff.

Now in the Stony Plain one I would like to say that there is a difference there again. In other words it is a third type of perhaps a faltering of the system. I won't say anything more about it because it is at the present time the subject of an inquiry which hasn't been completed.

Then there is another one, if I can understand today's news properly - Slave Lake. I don't have enough information on that yet to know what the issue is.

I think what the hon. member is hinting at, if I can interpret it - having noted that the board of the hospital has no right to say whether or not a doctor can practise, they only have a right to say whether or not he can practise on their premises. Bearing that in mind, maybe there should be a system, that would have to be brought in I believe by legislation, whereby appeals from the local authority were set up. At the present time the only form of appeal they have is if they can show that the board didn't act in accordance with its own by-laws, which have to regulate how people are admitted to practise in their institution. If they can show that they didn't grant a proper hearing of the doctor's case or something like that, they can get a court order perhaps setting aside. Then the board will have to reconsider. But all they would have to do, as I understand the way it works, is give it reconsideration if it shows that they have done something outside proper procedure in disposing of the services of a doctor on their premises.

Therefore it does give rise to the idea that since that isn't really an appeal on the merits, that is only a limited access to the courts, perhaps an appeal on the merits should be provided. I would say that I would be prepared to consider recommending that sort of thing to hon. members, but I think I would want it to be the subject of some study beforehand. I believe it has been attempted in Ontario. I'm not sure what success they've had with it, but it's a fairly recent development there. We would be interested in looking at it, I think.

Just one more comment on the one at Mannville, just because of the immediate complications that come up once one of the procedures sort of breaks down as it did there. The doctors were never suspended in that particular case. They were never suspended. They got into such an uproar with the administrator that they resigned. Many many things transpired after that. I don't want, in the course of this bill, perhaps to deal with the details of that particular case.

MR. HO LEM:

It's very encouraging to hear the minister say he will be giving further consideration to perhaps a possible amendment to the Act so we can provide for appeal purposes.

Mr. Minister, you may recall the incident when I first came into the House. I referred it to your attention and sought your advice regarding a Calgary doctor who had been in Calgary for about three or four years at that time. This particular doctor not only had his fellowship in the American college but also a fellowship in the Canadian college which of course proved he had all the qualifications required. In fact, he had more, really. In this particular case he happened to be a surgeon. Now, as as you say, the doctors can practise wherever they want. They can practise in their office and so on. But many of the surgeons, and in fact doctors, regard hospitals as their workshops. There are many things that can be done in their office or in their own clinic but there are other things that require a workshop, in other words, hospital facilities.

As you know the present method adopted for the granting of privileges is done by the board of that particular hospital. But the board itself as you very well know, Mr. Minister, is comprised of no doctors whatsoever; they are all laymen. I think that's pretty well the general policy throughout Canada. I think that's a wise policy. Certainly doctors shouldn't become involved in the act of policy formation of the institution. They should have an input. In the way of many of the hospital staff privileges and the way they are granted, it is through the recommendations of the medical staff, the recommendation comes to the medical staff by way of an application in the first instance by the person who is making the application. It is submitted again to a subcommittee of the medical staff which is called the assessment committee, or whatever name they want to give to that. Having done so, they review the qualifications of the doctor. They review his experience and so on. They can either recommend or not.

That's fine. I think it's a wonderful thing. However, many hospitals also have a policy that there should only be so many neurosurgeons, there should be so many

pediatricians, there should be so many people practising in the area of geriatrics and that sort of thing. But when these slots and numbers are full, then however good the applicant may be he is not considered because they merely say, well, I'm sorry we haven't got an open space.

The danger here is that professional people - doctors included, lawyers - sometimes develop professional jealousy I'm sorry to say. There are people on some hospital boards in Calgary who have their name on staff as a member of that hospital who never attend the hospital, or very rarely. It is too bad this name should be taking up the slot of a very productive man. I think that certainly this point should really be looked into. In other words, let's weed out the area where these people have become inactive because possibly they're too busy in their own office practice, because of age or because of various reasons. Certainly anyone who has her name on staff of a particular hospital should be called upon to perform regular services to the public.

I am certainly encouraged by your comments that you're giving further thought in the way to give these people who are trying to make application - if they're rejected that there is another source they may appeal to.

MR. RUSTE:

Mr. Chairman, just a few words. I listened with a lot of interest to what has been said this evening. I couldn't help but think of what would have happened last fall if the bill had gone through the day I think the hon. member was shooting at.

Certainly I have appreciated the fluent explanation by the minister. Having served on a hospital board, I realize the close working relationship there is between the nurses and doctors. The minister indicated he had discussions with the nursing profession or some group some time ago, and this letter dated January of this year came to many of us - I believe to all MLAs - expressing that they still had concerns. I think this is why we are here as legislators. Certainly when this bill is passed, it becomes legislation, a law of the country. I think, while we are not all experts in this particular field, it is our duty and our responsibility to give it enough time after it is introduced so we can get the reaction from whoever is involved, whether it be the top man, the under man or whatever you want to call it. I think that is pretty important.

With those comments I am looking for assurance from the minister that he will look after the concerns expressed by this group.

MR. CRAWFORD:

Mr. Chairman, I think the terms in which I wanted to give that assurance to hon. members was in the perspective of substantial discussions I had with representatives of the Alberta Association of Registered Nurses during the period up until the bill was first introduced last fall.

I did have to say though, in remarking this evening on the subject, they are not entirely satisfied with the route we had decided to go, on the one issue of professional medical assistants. On that one issue they weren't entirely satisfied, and that is really what the letter dealt with. I did feel we could find a workable way to resolve their concerns. The understanding I left them with - and I interject again to say they would have liked something more than that from me at the time - was that we were willing to examine their legislation with them. I am sure that process has already been partly undertaken because we have had ongoing meetings with them at the official level primarily, but also in part with myself, over a period of many months. Based on that type of consultation we would develop a part or a series of new sections of the nursing profession act as well, to place in proper perspective the concerns they had about the nurse practitioner.

It would be very very hard to say I would know today that at the time that legislation is drafted they would be satisfied in every respect with it. All I can say is the assurance I gave them was that we would attempt our best to work it out with them, and certainly we're willing to develop provisions in their Act which would sort of be parallel to the provisions which concern them in this act. The only reason for their concerns was that it was in the one act but not in theirs.

DR. McCRIMMON:

Mr. Chairman, I think the minister answered a portion of my question. It is with reference to Section 26 again. As I understand it, a set of regulations or by-laws will be drawn up to regulate this medical assistants group, Section 26. My question is, Mr. Minister, will interested groups such as the optometric profession and the nursing profession have an opportunity for input to these regulations before they are brought into force?

MR. CRAWFORD:

That's a dandy because we have been discussing the question of the involvement of nurses this evening. I think that's not the way to go. I think they would rather not be involved in this. What they want are assurances of equivalent legislation under their own Act. So if paraprofessional people are developed through the strain we would know in general terms as the profession of nursing, it would be under their Act that the nurse practitioner would be developed.

Now, I just don't see any relationship at all, in fairness to the hon. member and his distinguished profession, between that profession of optometry and a paramedical role. I don't see the relationship and therefore I think it would be ...

DR. BUCK:
... lawyers and justices of the peace.

MR. CRAWFORD:
... an unusual thing to undertake that specifically. Certain groups which were already in operation and already carrying on their profession and have [been] for years, would all of a sudden be called upon in this other area under The Medical Profession Act. I would have thought that they would rather not be.

MR. CHAIRMAN:
Any other questions? Title and preamble? Mr. Benoit.

MR. BENOIT:
I'd like to make a very brief summary here of what I see. Somewhere along the way we had the medical people, other than the College of Physicians and Surgeons, asking for some kind of umbrella act which might have brought all the categories of medical people under one act and clearly categorized the whole works. And that may still be in the mill, although nothing was said about that tonight.

Then, having said we don't have that kind of act, we had a sort of promise that we wouldn't extend any more of these categories until we had an opportunity to look at the others. That wasn't done because there has been an extension in this act. Now what we are faced with - we don't have the by-laws that clearly set out those people who would fall into the professional medical assistant category. We don't have any clear-cut definition. We understand that. And we don't have any amendments to The Registered Nurses Act, which they have asked for that goes along with this.

They did make one request. That was that this might be held up until such time as The Registered Nurses Act was brought in line with this. And I guess that's probably the final request that they made. My final question would be, has the minister given any consideration to the possibility of holding up this bill in light of the circumstances, until the nursing act is opened up?

MR. CRAWFORD:
Mr. Chairman, I don't see the same advantage to that as the representatives of the nursing profession do. It's based partly on the fact that I think they're jittery for the reason that they imagine very rapid developments which would be detrimental to their profession as a direct result of Section 26. And I just don't see it that way. That's why I can't adopt their judgment on the need to move them in total parallel. I think they can both be done, but the need to do them simultaneously has been overrated by them.

MR. HO LEM:
Just looking through this bill, Mr. Chairman, I can see that there are a lot of things in regard to registration and the rights of the physicians and so on, what they can do under the Act. But there's nothing spelled out as to the rights of the patient, except through recourse by way of the courts. I think that there certainly should be some understanding given to the patients in regard to some of their concerns regarding the treatment they have received, whether they're satisfied with it or not.

I think that the easiest attitude for a legislator, in fact for doctors to take is that, well, if you don't like my services you have the opportunity to go to someone else. But the thing is that the harm has already been done, whether actually physically, mentally or psychologically, to the patient himself. He is quite concerned. And nowhere in this act are we giving any indication to the patient what rights he has. I think that we as legislators and you as a minister, certainly should spell this out somewhere.

MR. CRAWFORD:
Mr. Chairman, I think there are two responses to that. First, the purpose of a medical profession act of course is to outline the circumstances under which a person may practise medicine, to impose upon him or her certain restrictions in regard to that, and provide that in the event of incompetence or other reasons developing after a person has been admitted to practise, their right to practise can be terminated, and so on. So it's a regulatory type of thing that is being directed at the profession. That is the real thrust of the bill. That is why it is there, to regulate the medical profession.

The whole concept of regulating them is for the protection of the public. It's a matter of regulating them in the way that is most suitable. We had discussed that before in the sense that I suggested to hon. members that it was the philosophy of the act that as much professional independence, or self-government is the term most professional occupational bodies like to use now - as much professional self-government as possible should be accorded to a profession on the ground that probably there is no body superior to that in the field. It comes back to that, that regulating them becomes a matter of self-regulation. It's only because we have faith in the fact that that can be achieved and will produce a better result than some other way of regulating them that we have chosen this way.

I have admitted throughout that we could be wrong. But the experience with the previous Act and decades of practice has been that on the whole we are not mistaken in that. On the whole the medical profession has regulated itself and is doing so, of course, I think increasingly, as most other professions are, because of a growing

awareness that has come in the last number of years about things like continuing education and ethical practice and so on. Awareness of these things has been growing.

I think in fairness to the hon. member there is probably one other thing that should be said: there is a system of course under this act, as there was under the previous one. I believe the system here is a little better and bit more accessible to the patient, where certain reviews of the conduct of his case can be conducted in a complaints committee or an investigating committee of the college. That was in the previous Act, it's here in an improved form and I suggest it is still a fairly realistic protection for the patient.

The patient is always an individual. He is a person. The complaint relates to him and what he wants is not a general law which says the doctor shall not do so-and-so to me; he wants a relationship of trust, a competent practitioner and when something does go wrong - and goodness knows it does - that he has a recourse for his personal complaint. So the protection to the citizen or the protection to the patient is really emphasized in terms of what the individual can do when he is not satisfied with the conduct of his particular case. But that is in there and it is in, I believe, primarily the sections following Section 36.

MR. HO LEM:

Mr. Chairman, let me give you a specific example. Recently in the Calgary hospital, a patient was admitted under another doctor in the absence of her own doctor who was away at the time. She became very disenchanted with the services of this particular doctor and when she made it known to the staff of the hospital and so on, and eventually to the doctor, the doctor withdrew. He didn't withdraw officially. However, this particular patient had a most difficult time trying to get the services of another doctor, perhaps because of professional ethics.

In any event, the nurses in the hospital said to her confidentially, well, it's going to be very difficult for you to secure the services of another doctor under the circumstances. We would suggest that you discharge yourself from the hospital. Once you discharge yourself, you can seek the services of that particular doctor. I think in circumstances like this, where people are afflicted with the type of disease this patient had, it was very very hard and cruel. I was certainly hoping that the rights of the patient would be spelled out in a more definitive way so that they would know what to do in these circumstances.

DR. PAPROSKI:

Mr. Chairman, I'd like to make a comment. Mr. Minister, I wonder if you would either reinforce or agree with this. The protection of the individual, I feel, is increased considerably under this act. This is based on: one, the standards of LMCC that are required across the board, which were not there before, are there. The regulations are tightened, amplified and clarified. An appeal procedure is there. The medical profession itself, I believe one year ago, requested that lay public representation be on the council. That should give ample indication that the medical profession really wants the public's participation, but also assurance to the public that, in fact, their cases are heard.

MR. HO LEM:

Mr. Chairman, just in reply to those comments, certainly I appreciate them. I hope I didn't hurt anyone's feelings. Perhaps I should have said, "with all due respect to the doctors present in this Legislature," and then gone on with my comments. You might have felt better.

DR. PAPROSKI:

You didn't hurt my feelings at all. I thought I'd just amplify that. But, Mr. Chairman, again to the minister, in the specific cases that are cited from time to time in the Assembly and, I suggest, anywhere in the public, the specific is difficult to respond to because the circumstances vary so greatly, as the hon. member opposite would appreciate.

MR. CRAWFORD:

I'd just like to point out that all of the sections from Section 36 to Section 58 deal with various issues in which complaints may be made against a registered practitioner. It is anticipated that although there could be complaints in regard to professional conduct made by virtually anybody - you know, a fellow practitioner or someone like that - these sections are there, I would say primarily or certainly very significantly, for the purpose of patients achieving an attempted redress in regard to a supposed wrong.

Now the example the hon. member gave is one that is extremely difficult to comment on because one doesn't know all the facts. And those are so difficult. But I suggest that this act introduces quite a number of occasions upon which a person may either take a case to the registrar, through him to an investigation chairman, to an investigating committee, to a complaints committee which reviews files. The complaints committee, having reviewed files, may come to the conclusion that a full investigation should be held and that can be done. And that's in Sections 38 and 39. There's a system of reporting back to the college whereby discipline of the practitioner in question may be undertaken. The council itself must deal with the matter under Section 51, and under Section 51 is the recommendation to council as to what they should do according to the view of those who have looked into it. The council itself must make a final decision on the matter under

Section No. 56. Then there are appeal provisions to follow that. So I think there are ways, the access is there, although every case may not be won by the patient. There may be cases where the doctor is right.

DR. BACKUS:
I wonder if I could speak on this specific one. It really isn't ... [not recorded] ... I think the advice given by the staff of the hospital was probably ill-advised because these sorts of cases have come up in hospitals. I'm not taking any personal offence about this, but I think so often the patient - it isn't they don't want to complain to the council about the doctor. They just don't see eye-to-eye with him. It is not a matter of really a serious thing. It is just that they are not happy with that doctor. They want another doctor.

Now, actually if the patient will do it ... This is the problem. Patients are so used to going with their car to a garage. If they don't like that mechanic they take it off to another garage and there is no problem. But when they are stuck in hospital it is a difficult problem. But in fact, if the patients themselves will say to the doctor who is looking after them, doctor, I would rather I was looked after by my own doctor; would you mind transferring me to his care? Now, that is the ethical and correct procedure in that case. There are virtually no doctors, or at least very few doctors, who will make any fuss about that and won't transfer the patient straight away. I have done it many times. Patients say to me, look, you are not my usual doctor although you admitted me. I want my own doctor. That's fine, they are transferred and there is no problem at all.

The initiative for transferring shouldn't be through the nursing staff or the hospital board. It should be the patient to the doctor who has looked after him so far. They thank him very much for what he has done but they would rather have another doctor do it. That's all it takes.

AN HON. MEMBER:
Agreed.

DR. BUCK:
Mr. Chairman, can the hon. minister indicate, in ten thousand words or less, if there is any portion of the bill, or if there is anything in regulations, which will deal with updating and continuing education, the same as we have in the dental profession act? I am not sure if it is in the act itself, but it is a fait accompli and I was wondering if the medical section will have anything such as that?

MR. CRAWFORD:
Mr. Chairman, I can't put my finger on the section, but my memory is that that is either expressly or implicitly in the powers given to the council of the college.

MR. LUDWIG:
I hoped that I would have an opportunity of saying a few words on this bill, since I was responsible for affording the opportunity to the hon. members of getting further enlightened on it than they were at least last fall. I hope now that with foresight the hon. members will realize I had a serious concern about the lack of knowledge of some hon. members in this bill. That is why I talked it out, so that we would have another crack at it.

Thank you, Mr. Chairman.

[The amendment was agreed to.]

[The title and preamble were agreed to.]

MR. CRAWFORD:
Mr. Speaker, I move that Bill No. 4 ...

MR. LUDWIG:
Got to take credit for something here.

MR. CRAWFORD:
... be reported as amended.

[The motion was carried.]

MR. HYNDMAN:
Mr. Chairman, I move that the committee rise, report progress and beg leave to sit again.

[The motion was carried.]

DR. HOHOL:
Fill in the blank with a little speech, Albert?

AN HON. MEMBER:
Weren't we getting on the air tonight?

DR. HOHOL:
Watch it Jack, or we'll move Fort Saskatchewan to Fort McMurray.

[Mr. Diachuk left the Chair.]

* *

[Mr. Speaker resumed the Chair.]
MR. DIACHUK:
Mr. Speaker, the Committee of the Whole Assembly has had under consideration the following bill, Bill No. 4, begs to report same with some amendments and begs leave to sit again.

MR. SPEAKER:
Having heard the report and the request for leave to sit again, do you all agree?

HON. MEMBERS:
Agreed.

MR. HYNDMAN:
Mr. Speaker, I move the Assembly do now adjourn until tomorrow morning at 10 a.m.

MR. SPEAKER:
Having heard the motion for adjournment by the hon. Government House Leader, do you all agree?

HON. MEMBERS:
Agreed

MR. SPEAKER:
The Assembly stands adjourned until tomcrrow morning at 10 o'clock.

[The House rose at 9:55 p.m.]