Tuck's Paralegal Services o/b Trueman Tuck
Office: Bldg. 1, Suite 4, 6835 Highway 62 North, Belleville, Ontario, Canada K8N 4Z5
Mailing: P.O. Box 160, Foxboro, Ontario Canada K0K 2B0
Tel: 613-968-3007 Toll-free: 1- 888-611-5243
Fax: 613-968-3215 Fax-free: 1- 888-872-7035
www.tucksparalegalservices.ca www.theparalegallitigator.com
Trueman@tucksparalegalservices.ca

A full service, Ontario wide Paralegal Legal Services Firm getting results for our clients since 1995!

URGENT

Cover by fax to: 1-250-314-1609
And complete package by courier

Phone 1-800-440-1404

February 23, 2015

Pages: 19 plus 13 Exhibits

Buckley & Company
5-219 Victoria St.
Kamloops, British Columbia V2C 2A1

File: SPT Campaign

Attention: Mr. Shawn Buckley

Dear Shawn:

Re: Psychotherapy Takeover of all Treatment and Counseling in Ontario

Please be advised that I act on behalf of Ms. Grace Joubarne and concerned consumers and self-employed health care professionals in Ontario. My clients are aware and appreciative of your significant background in, and contribution to the Canadian Health Freedom Movement.

I have explained to my clients that you and I worked very closely together for a number of years, both on behalf of Friends of Freedom International [FOFI] and the Canadian Coalition for Health Freedom [CCHF] as well as mutual clients. (Please see Glossary of Terms at **Exhibit 1)**

I have been directed to review Ms. Genevieve Eliany, Paper dated September 21, 2014 under your firm's letterhead and to contact you with this communication [See **Exhibit 2**].

My clients feel strongly that Ms. Eliany has not properly researched and prepared her September 21, 2014 Paper. As a lawyer working with your firm, she has failed to properly advise of the extreme dangers that some ten thousand estimated Health Care professionals in both the regulated and unregulated non-pharmaceutical health care industry are facing as a direct result of three new legislative amendments being proclaimed: the *Registered Health Professionals Act,* the *Psychotherapy Act* and the *Psychology Act,* with the most serious being the *RHPA* [See **Exhibits 3, 4 & 5**].

You and I are both well aware that deliberately vague legislation, creating new legal offenses being pushed by the Big Pharma and the pharmaceutical-based Health Care practitioners is very dangerous to all direct and indirect competitors of the pharmaceutical cartels' various legal entities.

I have carefully reviewed your associate's report and am surprised, knowing you as well as I do, that you would allow your name to be associated with Ms. Eliany's Paper/report. From the time we spent together in our Health Freedom delegations to Ottawa and Washington, you know that the existing 13 controlled acts contained within the *RHPA* of Ontario have been very problematic for all non-pharmaceutical based health care professionals for many years.

These thirteen controlled acts are seen in the attached Policy Statement #5-12, Delegation of Controlled Acts, 2012, CPSO *Dialogue, Issue 3* 2012 [See **Exhibit 6]** and as listed below;

1. *Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual or his or her personal representative will rely on the diagnosis.*
2. *Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surfaces of the teeth, including the scaling of teeth.*
3. *Setting or casting a fracture of a bone or a dislocation of a joint.*
4. *Moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.*
5. *Administering a substance by injection or inhalation.*
6. *Putting an instrument, hand or finger,*

    i) beyond the external ear canal,
    ii) beyond the point in the nasal passages where they normally narrow,
    iii) beyond the larynx,
    iv) beyond the opening of the urethra,
    v) beyond the labia majora,
    vi) beyond the anal verge, or
    vii) into an artificial opening in the body.

7. *Applying or ordering the application of a form of energy prescribed by the regulations under the RHPA.*
8. *Prescribing, dispensing, selling or compounding a drug as defined in the Drug and Pharmacies Regulations Act, or supervising the part of a pharmacy where such drugs are kept.*
9. *Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses other than simple magnifies.*
10. *Prescribing a hearing aid for a hearing impaired individual*

11. *Fitting or dispensing a dental prostheses, orthodontic or periodontal appliance or device used inside the mouth to prevent the teeth from abnormally functioning.*
12. *Managing labour or conducting the delivery of a baby.*
13. *Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response*

The College of Physicians and Surgeons of Ontario's Policy Statement Number 5-12, effective September 2012, had already built into their future list of controlled acts in Ontario, the 14th controlled act, being very vaguely defined as follows ;

[14].Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgment, insight behavior, communication or social functioning.

[Please also see **Exhibit 3,** being the amendment to the *RHPA*]

You are well aware that the Allopathic/Medical Doctors and their related organizations and pharmaceutical investment interests have manipulated the legislation federally and provincially in Canada since at least 1920, in order to protect and enhance their cartel's control of health care in Ontario and Canada, as well as the related enforcement activities of the regulations and applicable legislation.

My clients are very concerned that notwithstanding Ms. Eliany's attempt to insist that her Paper is not a legal opinion, it is published by a lawyer working for a well known legal firm that specializes in Health Freedom legal issues and thus the average alternative and holistic professional in Ontario is in fact relying heavily on this Paper as a legal opinion that clearly creates the image that there is no immediate crisis that needs to be dealt with.

This Buckley & Company legal Report/Paper is being used extensively in Ontario by proponents of the three amendments to assure affected self-employed professionals and their organizations that there are not any significant and imminent risks to their existing trade and commerce activities from this offending legislation.

If you review my full letter carefully, I believe that you could agree with my legal opinion that eminent and extreme risk does exist and in fact these three Ontario legislative amendments were deliberately designed, for competitive reasons, to close down and/or heavily restrict thousands of traditional trade and commerce activities of both regulated and unregulated Ontario Health Care professionals. .

There are a number of serious errors of fact in Ms. Eliany's Paper that have caused thousands of practitioners in Ontario to be complacent and confused about the imminent risks to their traditional trade and commerce activities that the three amendments, and particularly the establishment of the 'controlled act of psychotherapy' in the *RHPA,* pose. As a direct result, my clients are finding it extremely difficult to mount an effective campaign.

The following is my legal opinion regarding potential errors in your colleague's Paper:

FIRST ERROR:

The legislation is NOT in draft stage: One part of the legislation received Royal Assent in 2006, the other in 2009 [See **Exhibit 7].** Our clients, by their hard work, were able, notwithstanding Ms. Eliany's Paper, to stop the proclamation of the harmful amendments scheduled for Oct 1, 2014, which was some twenty six days after she released her Paper.

It is also important to legally note that NONE of the terms in the three legislative amendments are defined within the amendments or other existing Ontario statutes. This is very bad, legally-flawed legislation and is not likely a coincidence.

SECOND ERROR:

Ms. Eliany's Paper incorrectly suggests that the *Psychotherapy Act* is what makes the practice of psychotherapy a 'controlled act' in Ontario. Neither the *Psychotherapy Act* nor the *Psychology Act*, which were amended with the same wording, is seriously threatening on their own. The real problem is the creation of a situation where all '***treatment of human disturbances'*** has become a controlled act under the *Registered Health Profession Act* (*RHPA),* thus legally restricting the vaguely defined new controlled act to a limited number of specific pharmaceutical/medical modeled professions.

There is no evidence of the public threat that these three legislative amendments were designed to address.

You and I have seen this issue far too often in previous common clients and Friends of Freedom International and Canadian Coalition for Health Freedom cases to ignore the seriousness of this matter. This is just a continuation of the deliberately flawed legislation similar to the 1920 revamping of the *Adulteration & Fraud Act.* No doubt you remember how that created a vague use-based definition of pharmaceutical drug that has been used so successfully for some 95 years to restrict competitors by utilizing Health Canada regulatory enforcement of this vague use-based definition by the Pharmaceutical Cartels.

Attached as **Exhibit 8** is the Wrigley's case law dealing with how Courts are now interpreting the 1920 and 1927 vague use-based definition of pharmaceutical drug in Canada.

The new controlling pharmaceutical-modeled entities are not even trained and/or experienced in the many modalities of health care being caught up in this new regulator legal compliance net.

THIRD ERROR:

Ms. Eliany's statements regarding Master's Degree requirements, wherein she states that my clients were incorrect: In fact, the statement that a Master's degree was the only requirement was absolutely correct.

My clients have had the benefit of some 'college insider' information who advised that even the government stated that this original singular requirement for a Master's Degree was unacceptable and called it 'creeping credentialism'. The Transitional Council was sent back to the drawing board in June 2014 and they came up with the following statement, which it repeated to the Canadian Reiki Association (CRA) in 2014:

"Incidentally, registration does not require a master's degree per se, but rather completion of:

- *a coherent program in psychotherapy offered at the master's level*
- *a master's program central to the practice of psychotherapy, or*
- *an equivalent program."*

The salient point is that whether it is called a Masters or some other favorite name, a duck by any other name is still a duck. One is still facing elimination by a College imposing arbitrary definitions and completely irrelevant educational requirements, when education in psychotherapy is not remotely necessary or even beneficial to the practice of any of the traditional, energy, holistic and spiritual modalities of health care.

Ms. Eliany's statement about not requiring a Master's degree has left some practitioners with the impression that my clients, collectively known as the Stop Psychotherapy Takeover Team, are knowingly disseminating false information. This is a time for unity in the Ontario Health Care Movement to prevent our common enemy – the ultra powerful pharmaceutical investment interests -- to divide and conquer the over ten thousand affected non-pharmaceutical health care professions.

FOURTH ERROR:

Ms. Eliany's statement regarding the Mental Health Therapist title: This part of the title was removed very early on and is quite irrelevant to the discussion at hand. A takeover by any title is a takeover. Again, such comments simply serve to make my clients appear uninformed and to further confuse the already deliberately confused public and involved professionals.

FIFTH ERROR:

Ms. Eliany's statement regarding the State of the Law:

The statement that the legislation is in draft form is completely incorrect. All 3 legislative amendments have passed 3rd reading and received Royal Assent and are merely awaiting the 'formality' of final signature by the Lieutenant Governor of Ontario. This is confirmed in the documentation on the internet under *RHPA*, *Psychotherapy Act* and *Psychology Act*.

In April 2014 my clients had contacted 3 MPPs, the Legislative Assembly office and the College about the status of this legislation. The College did not respond, but the 3 MPPs reported that indeed, the huge Omnibus Bills the legislation had been buried in had been given Royal Assent. ALL three amendments (*RHPA, Psychology Act, Psychotherapy Act*) are awaiting the final 'formality' of a signature by the Lieutenant Governor to make them enforceable. It is far from 'still being in the draft stage'. The proclamation (signature by the LG) was scheduled for October 1st, 2014, and then rescheduled for December 1st, 2014. An urgent letter to the Minister of Health and Long Term Care that is posted on my clients' www.StopPsychotherapyTakeover.ca website seems to have resulted in a postponement to April 1st, 2015, although we do not have formal confirmation of this.

Advising practitioner groups that this matter is still in 'draft' stage is so very damaging, as it removes the sense of real urgency of the matter and the impending enforcement we are actually facing.

SIXTH ERROR:

Ms. Eliany's comment on the ***'holding out'*** clause and Family Therapists:

Aside from the fact that major family therapy groups have told their members they have no choice but to join the College in order to continue to practice, to protect their Registered Marriage and Family Therapist 'title', and in order to avoid later prosecution, is the absolutely legally inaccurate statement by Ms. Rowland, the current Registrar of this new College, that unregulated individuals could choose to avoid regulation by using titles such as 'family therapist".

Already the regulations in place have;

(a) not protected the RMFT title as expected,
(b) forced family therapists to place the Registered Psychotherapist title BEFORE any earned title
(c) forced family therapists to operate within a scope of practice that is strictly of the psychotherapy flavor
(d) requires family therapists-turned-registered psychotherapists to either diagnose their clients or refer them to psychologists, psychotherapists, psychiatrists for diagnosis. The same goes for marriage counselors and spiritual care practitioners who join the College.

By virtue of their definition of '***counselor***' and '***counseling*** (discussed below) in the Dictionary Ms. Eliany was clearly not aware of, there is no question that marriage counseling and family therapy are now deemed psychotherapeutic techniques and subjected to the same regulations and restricted scopes of practice as the usual psychotherapists. To ensure no one had a 'loophole, the term '***psychotherapist'*** was defined in the new Dictionary as follows:

PSYCHOTHERAPY: any psychological service provided by a trained professional that primarily uses forms of communication and interaction to assess, diagnose, and treat dysfunctional emotional reactions, ways of thinking, and behavior patterns of an individual, family (see FAMILY THERAPY), or group (see GROUP THERAPY). There are many types of psychotherapy, but generally they fall into four major categories: PSYCHODYNAMIC PSYCHOTHERAPY, COGNITIVE THERAPY or BEHAVIOR THERAPY, HUMANISTIC THERAPY, and INTEGRATIVE PSYCHOTHERAPY. The psychotherapist is an individual who has been professionally trained and licensed (in the United States by a state board) to treat mental, emotional, and behavioral disorders by psychological means He or she may be a clinical psychologist (see CLINICAL PSYCHOLOGY), PSYCHIATRIST, counselor (see COUNSELING PSYCHOLOGY), social worker, or psychiatric nurse.

SEVENTH ERROR:

Counseling and Spiritual Care/Ministering:

Contrary to Ms. Eliany's suggestion that terms such as '***counseling***' and ***spiritual care***' are not defined and are exempt, indeed we find they are well defined and the definition of 'psychotherapeutic techniques' in the most recent Dictionaries of Psychology and Clinical Psychology encompasses every possible treatment, approach and technique known. (See our letter to Spiritual Care practitioners **Exhibit 9**). In the end, nothing is exempt.

The APA Dictionary of Psychology definition of '***psychotherapeutic techniques***' includes '***counseling***' and '***spiritual care'***, holistic education and even Zen meditation along with some other 300 approaches used by traditional, holistic and spiritual care practitioners. Counseling and holistic education are defined as:

COUNSELING: professional assistance in coping with personal problems, including emotional, behavioral, vocational, marital, educational, rehabilitation, and life-stage (e.g. retirement) problems. The COUNSELOR makes use of such techniques as ACTIVE LISTENING, guidance, advice, discussion, CLARIFICATION, and the administration of tests.

COUNSELOR: an individual professionally trained in counseling, psychology, social work, or nursing that specializes in one of more counseling areas, such as vocational, rehabilitation, educational, substance abuse, marriage, relationship, or family counseling. A counselor provides professional evaluations, information, and suggestions designed to enhance the client's ability to solve problems, make decisions, and effect desired changes in attitude and behavior.

COUNSELING PROCESS: the interpersonal process engaged in by COUNSELOR and client as they attempt to define, address, and resolve specific problems of the client in face-to-face interviews. See also COUNSELING.

COUNSELING RELATIONSHIP the interaction between counselor and client in which the relationship is professional yet also characterized by empathic warmth and AUTHENTICITY, with the counselor bringing professional training, experience, and personal insight to bear on the problems revealed by the client. Their relationship is considered be of central importance in bringing about desired change.

HOLISTIC EDUCATION is a form of psychotherapy, derived from the approach of HOLISTIC MEDICINE, in which the therapist serves as a teacher and the client as student. The therapist aims to create conditions within which the student may choose to learn. For maximum growth, all aspects of the client's physical, spiritual, emotional, and intellectual life should be explored and enveloped.

As you can easily see, any suggestion that counseling 'may not' be included as a psychotherapeutic technique is quite unsupportable. There is no confusion, as Ms. Eliany's Paper suggests is the case.

Below you will see how counseling by non-licensed professionals has been reduced to administrative tasks only, with only those registered with the College permitted to undertake the 'treatment' aspects of counseling. , This fact is confirmed by Ms. Rowland's repeated references in her communications that '***some counseling is permitted....'***

EIGHTH ERROR

Spiritual Care and Ministering:

There are NO subcategories of '***registered psychotherapist'*** and no 'subtitles', therefore it is impossible that there are regulations for medical approaches and separate regulations for mind-body-spirit approaches, energy treatments or for dietary treatments and so on. These will all be diluted and eventually eliminated because it will be impossible for mind-body-spirit practitioners to treat in keeping with the pharmaceutical medical-modeled regulations and related scope of practice of psychotherapy and still be effective and safe.

Psychotherapists, psychologists, nurses, psychiatrists, occupational therapists and social workers, who are exempted from the legislation, can 'practice' approaches they are not remotely trained to practice, thus any claims of this legislation protecting the public is clearly bogus and should be highlighted in any discussion of this legislation, and certainly in Ms. Eliany's Paper.

There has been a minority interest in spirituality by the psych professions and in fact we understand from some academic papers on spirituality in psychotherapy that there may well be some ethical issues with this new involvement, since their 'education' involves techniques on how to discourage client focus on 'spirit' and mind-body-spirit healing. One academic paper is posted on the Stop Psychotherapy Takeover website – go to www.**StopPsychotherapyTakeover.ca.**

There is no exemption under 'counseling' because the words 'treatment by means of psychotherapeutic techniques' that result in all treatment being a 'controlled act' encompasses 'counseling' by virtue of the definition of psychotherapeutic techniques.

These ***RHPA*** words encompass all psychotherapeutic techniques, verbal and non-verbal as defined in the Dictionary. In addition, many of the approaches such as coping skills training and motivation therapy are 'counseling' and therefore psychotherapeutic. The Dictionary, of which there are 6 they can choose from at present and which have been kept quietly hidden in the background, can be brought forward for regulatory purposes by the College once it is proclaimed, because *RHPA* regulations state that the profession should use its reference materials to make future regulations and rules.

The exact response to the CRA by the Transitional Council with the important words underlined was: "*Limited forms of counseling, e.g. providing advice, instruction, information, support, referral, etc., are not regulated, and are specifically exempted under the Regulated Health Professions Act (RHPA), as is spiritual counseling. Some spiritual counselors with extensive additional training in psychotherapy (sometimes known as "spiritual care therapists") will seek registration with the College, and will be registered if they meet registration requirements – the same as any other applicant.*"

Since counseling is a psychotherapeutic technique as per the dictionary definition, then spiritual counseling is too and spiritual counselors are clearly relegated to administrative tasks as well.

Therefore, Ms. Eliany should have looked at this carefully before suggesting that anyone may be exempted. The limitations effectively reduce all counseling referred to in the exemption provision down to 'administrative tasks'. Only those spiritual counselors with extensive additional training in psychotherapy can be registered to offer that service, otherwise, spiritual counselors are relegated to administrative tasks only as well, given that the 'treatment of all human issues by psychotherapeutic techniques' is the controlled act. These psychotherapeutic techniques are defined as including everything physical, mental, emotional and spiritual, verbal and non-verbal. Therefore the spiritual counseling exemption has also been made extremely limited. That psychotherapy and spiritual counseling are considered unrelated disciplines in normal society is now irrelevant under these Acts.

Since there is no regulation to force disclosure, we have a situation where those who do not want conventional approaches will end up being treated to spiritual counseling by exactly those types. Registered psychotherapists will operate in spiritual care disguise. Similarly Registered Psychotherapists will be disguised as family therapists and marriage counselors and the public will be treated to horrific diagnosis-drug laden therapies, theories and approaches...the very ones they are increasingly seeking to avoid.

Note that Ms. Rowland restricts 'spiritual counseling and spiritual care' to those registered psychotherapists with specialized 'spiritual psychotherapy' education. The main facility offering this 'spiritual psychotherapy' training is the Transformational College of Holistic Treatments, which was founded by two psychotherapists. All other spiritual care practitioners are prohibited from offering their services, as they see fit, for any of the whole range of human issues for at least two reasons: (a) unless the client is of the same religious persuasion as the practitioner, the spiritual care practitioner is not exempted and (b) all spiritual, emotional, mental and physical treatment is a controlled act because all treatment is a controlled act and all counseling treatments are psychotherapeutic techniques by definition and thus controlled. Thus the reduction of the ability of spiritual care practitioners to practice is profound...reduced to administrative tasks only and only to those of their religious affiliation.

Clearly Ms. Eliany missed the wording in the exemptions that make them no longer exemptions: (a) that a person can only treat by means of their own religion's tenets and (b) that spiritual counselors can only do that which is not the sole jurisdiction of the registered psychotherapists. What if one is not religious? And what is left of a practice if one cannot 'treat' because their treatment is the sole discretion of another?

With respect to the 'exemptions' mentioned in the Paper, let us be clear that some 20% of the population openly admits to being non-religious. It is believed that that figure is very conservative. The exemption restricts spiritual counselors and ministering

to others IN ACCORDANCE WITH THE TENETS OF THE RELIGIONS OF THE PERSON GIVING THE TREATMENT. This requires invasive questioning and makes it impossible for those who do not share a practitioner's religion or who are atheists to obtain the desired mental health care assistance. This makes the receipt of spiritual care contingent on religious affiliations, when most people recognize there is delineation between spiritual care, mental health counseling and religious ministering.

Further, this restriction of treatment to a client of a different religious persuasion, or who is a non-religious, rates as discrimination on the basis of religion or lack of religion.

With respect to the Paper's reference to *RHPA, 1991, s. 27(2) Subsection 27(1)* implying that the legislation 'does not apply with respect to a communication made in the course of counseling about emotional, social, educational or spiritual matters, as long as it is not communication that a health profession Act authorizes its members to make.' seems to have been significantly misinterpreted. If the controlled act of treatment of the entire range of human issues can be undertaken **only** by those health professionals authorized by the Act, which are psychotherapists, psychiatrists, nurses, occupational therapists and psychologists, then there can be no exemption for those spiritual care practitioners not registered with the new College.

NINTH ERROR:

National Guild of Hypnotists:

It was extremely disconcerting to see a legal comment such as that about 'National Guild of Hypnotists', especially when it is clear that the approaches listed in the Dictionary of Psychology definition of psychotherapeutic techniques include all manner of techniques used in a hypnotist's practice, including the terms the Guild now suggests it's members use. It even includes hypnotherapy. Given that there is NO consensus on the definitions of hypnosis or hypnotherapy, they are interchangeable titles, and were interchangeable even at the NGH. Thus all NGH hypnotists are practicing 'a controlled act'.

Ms. Eliany seems to have done little research on the NGH. Not only are the Dictionary definitions subject to change in the future without public consultation, but everything hypnotists do can be added on a whim in the future in any event. There is no wiggle room, even if they were 'safe', which they definitely are not.

Regardless whether a person claims to be doing motivational coaching by means of hypnosis (as suggested by the NGH) or hypnotherapy is entirely irrelevant, because they are engaged in a psychotherapeutic technique the instant they treat someone with any human disturbance, from emotional, cognitive and social functioning to spiritual and mental, using any one of the 315 approaches listed in the definition. The controlled act refers to *treatment*, not to titles or certain language. The Dictionary definition refers to *approaches* to treatment.

We have access to documentation that shows that the NGH has changed its mind some 4 times since 2009 about what their Ontario members should 'do', none of which is workable if someone wants to use hypnosis techniques to help clients with issues they are not permitted to work with, which is everything. Presently we understand that they suggest their members refer to themselves as 'motivational coaches by means of hypnosis'. The NGH advises its members to claim they do coping skills training ... one of the very approaches defined as psychotherapeutic in the Dictionary! They therefore fall into at least the 'coping skills training'; hypnotherapy and 'motivational therapy' approaches listed in the definition of psychotherapeutic techniques and are thus engaged in a controlled act. This prevents work with pain and weight management clients... for starters.

The NGH holds no sway in any court in Canada or the USA and their Standards of Practice are not of interest to any in the industry except their members. NGH did not have the special consideration or the exemptions for their 'standards of practice' claimed and we have this on good and reliable authority from an insider who was present at every discussion and every meeting since 1998. This explains their strange reference to an unrelated motion in their newsletter that was an attempt to make it appear as though they had achieved the claimed 'special consideration' from the Transitional Council when they did not.

In addition, even if the NGH did have special consideration, which they do not, the College is not bound by any agreements made by the Transitional Council.

ANY suggestions that the National Guild of Hypnotists is handling this correctly by advising their Ontario members not to stand up firmly for their constitutional rights and charter freedoms, but to instead use new language such as 'motivational coaching by means of hypnosis' to wiggle around the undemocratic legislation, is seriously misleading and dangerous. Especially when then combined with implications that the Stop Psychotherapy Team is merely a bunch of critics who are wrong in their facts, it is breathtakingly hurtful.

TENTH ERROR:

As you can see from the attached Executive Summary of the Coalition of Mental Health Professionals shared with us anonymously by an insider at the Transitional Council, even in early discussions in 1999-2000, everyone had recognized that ALL practitioners would be deprived of their livelihoods who were not members of one of the specifically exempted groups. From the beginning there was no confusion amongst those involved in the discussions as to what the legislation was really about. The true agenda required obfuscation to succeed and thus those most affected (the public and alternative practitioners) are deliberately confused. It is impossible for us to understand Ms. Eliany's comments as anything but misguided, harmful and unnecessary in light of the real facts.

The lawyers researching the matter for the Coalition of Mental Health Professionals advised that both options that the psychologists were planning were morally and ethically wrong on all levels and would DEFINITELY deprive non-registered practitioners from engaging in their livelihoods and registered practitioners from practicing as per their modality requirements [See **Exhibit 10]**.

As it turns out, it is depriving even those who have registered with the College from practicing their livelihoods as trained (e.g. family therapists, spiritual care practitioners).

You will note that the 'exemption' provisions for spiritual care and counselors referred to in the Paper were already in the *RHPA* long before this takeover started and therefore you can be sure the lawyers for the Coalition took that into consideration when they wrote their Summary. They found, as I have, that the controlled act provisions will legally negate any protection the pre-existing exemptions might have provided, although they were extremely slim to start with due to the restrictive wording already discussed above.

Ms. Eliany's Paper suggests that there may be some 'overlap', that hypnotists may be safe if they follow the dictates of the NGH and that there is still 'confusion' when there is not, except that caused by Papers such as this which only reinforces the CRPO narrative as though it should be entitled to deprive 14 Million of their basic freedoms.

ELEVENTH ERROR:

Alternative, traditional, holistic and spiritual care professionals are in exactly the same predicament as the Traditional Chinese Medicine (TCM) group. The *RHPA* did not make TCM unlawful, it made 'acupuncture', which is a vital component of TCM treatments, a controlled act that only certain registered TCMs can undertake, despite many other groups offering this service, including a group that does not wish to be regulated by the College of TCM or does not meet its arbitrary credentialing requirements. Now homeopaths, naturopaths, non-registered acupuncturists and TCMs have lost some or all of their livelihoods. Those who have registered have now found their treatments diluted. Bizarre reporting requirements make it impossible for them to practice TCM. Registered TCMs must write reports for those not interested and not trained in TCM.

The non-registrants, many who far surpass the College of TCM registrants in knowledge and effectiveness with TCM and several TCM associations who have taught pure TCM for years have been slapped with an Interim Injunction, despite some lawyers telling them in 2003 that they really had nothing to worry about.

In my clients' case, they have not made specific treatments illegal --they have made 'treatments' by anyone but certain persons illegal. No practitioner can practice because *treatment* is central to all work they do. There is no such thing as a client who

sees any practitioner because they are extremely happy and have not a problem in the world…

My clients are most concerned because they believe that Ms. Eliany's Paper may inadvertently be encouraging alternative, traditional, holistic and spiritual care practitioners to believe they are 'safe', or in the alternative, if they are not 'safe' from regulatory terrorism, they should just accept the inevitable and follow the advice of non-Canadian organizations such as the NGH who cannot be held legally responsible whatever for the consequences of their truly unworkable advice to their members.

My clients also find it very disturbing that in their sincere efforts to keep health care democratic, they are portrayed as unreliable in Papers such as that written and circulated by Ms. Eliany. It is also very demeaning to those who are professionals in their own fields and highly regarded by ever-increasing clienteles, to be referred to as critics rather than professionals with legitimate concerns. Psychotherapists are not the only professionals in health care, as suggested by Ms. Eliany. Many of those psychotherapy professionals are clients of those who work in the alternative modalities.

This legislation removes all rights from the client to choose for themselves. This was never noted in the Paper. As long as the *Health Care Consent Act* is adhered to no practitioner of any kind need regulation whatever, since this Act mandates that all information about the treatment is disclosed. Once all information is disclosed, this Act stipulates that the client gets to make the decision.

We believe that it is not until **one reads all of the legislation together** and then refers to the very terms the College claims it will not define, which in fact are defined and will be relied upon by the Courts due to the *RHPA* provisions, that one can truly understand how completely damaging this legislation is to our freedoms.

I am advised that my clients have attempted a number of times to contact you personally, to no avail, in order to request that you directly intervene and correct the flaws in this report. They had hoped you would personally author a revised version as soon as possible that could be released to the thousands of practitioners in Ontario who are in need of accurate and competent legal opinion on these complex legal regulatory issues.

As your work is so highly respected by thousands of us who believe in preserving our freedoms, such a correction paper from you would assist our Ontario Health Freedom Movement in stopping the impending implementation of these three amendments.

My clients believe that a new legal opinion issued under the letterhead of your law firm by you personally would assist immensely in uniting the Ontario Health Freedom Movement and related treatment groups that need to immediately work co-operatively in order to stop the likely April 1, 2015 proclamation and implementation of the legislative amendments. As seen resulting from the 1920 amendment, it is very

difficult, if not impossible, to undo powerful lobbied-for, self-interest legislation of this type.

My clients' concerns are that there will be an impending wholesale loss of freedom of speech and of expression, of choice in health practitioners and products for some 14 Million Ontarians and the deprivation of significant portions of, if not the entire livelihood of at least 10,000 practitioners in Ontario.

Because the national offices of the US and Canadian Psychologists Associations are those spearheading this takeover, with at least 5 drug companies involved in the background in both the US and Canada, this takeover is designed to be a template for the takeover across all of Canada.

Thousands of 'traditional natural remedies and holistic' practitioners in Ontario will be prohibited from using dietary supplements for treating the whole range of human disturbances such as depression, ADHD, anxiety and so on because of the controlled act prohibiting such use except by those who are trying to eliminate all but electroshock and drug treatments. One example that you and I are well aware of would be EmpowerPlus.

It was my understanding that you and I were like-minded about the fundamental, informed freedom of choice issues. PLEASE help stop this Psychotherapy Takeover of all treatment and counseling in Ontario. You can no doubt recognize, as I have, that this is very dangerous set of legislative amendments that runs contrary to our most fundamental constitutionally-protected rights of informed freedom of choice of individual Canadian citizens.

Summarized, the main 8 issues as my clients see it are as follows:

ISSUE #1:

It is the amendment to the *RHPA and not the Psychotherapy Act* that makes the 'treatment of the whole range of human issues by psychotherapeutic technique' a '***controlled act***'. Only the pharmaceutical-based health care model will be lawful in Ontario. While claiming publicly that the courts will define 'psychotherapeutic techniques', the fact is that the College is withholding that they will be permitted (and expected) to use their new Dictionary definitions of this term to correct the vagueness in the legislation. This definition encompasses every possible approach to wellness.

ISSUE #2:

The *Psychology Act* contains the same amendment as the *Psychotherapy Act*, but until 'treatments by psychotherapeutic means' were made a controlled act, these *Acts* had less effect on non-pharmaceutical health care practitioners and products and services. The Transitional Council has ensured that there is little to no reference to the *RHPA* amendment. The *RHPA*, by composition, is a grave threat to the existing

competitor operations in Ontario.

ISSUE #3:

There are NO subcategories in the regulation of psychotherapy and psychology to allow for non-pharmaceutical holistic and spiritual health care options to be available, as the CLIENT WISHES THEM TO BE AVAILABLE. Therefore the *RHPA* amendments making psychotherapists the regulators of all treatments circumvents the *Health Care Consent Act* by removing and diluting all 'options' that the client presently has.

ISSUE #4:

The professions with historically minimal interest in mind-body-spirit healing methods and who are essentially the 'new kids on the block' in the health care field, are now positioned to eliminate all non-pharmaceutical based alternative and holistic professionals by 'regulation', without public consultation. If a practitioner cannot 'treat' they cannot earn a living either by charging fees for service or selling actual health products.

As 'psychotherapy techniques' are defined as an increasingly larger group of approaches, with each approach potentially involving hundreds of techniques, all techniques not supporting the agenda of the controlling entities of the College of Psychology or new College of Psychotherapy will become abolished by regulation and related enforcement actions similar to what we have seen federally in Canada with the *Natural Health Product Regulations.* Health Canada has finally, effective January 1, 2004, reclassified all Traditional Natural Remedies as a highly restricted and controlled sub-class of pharmaceutical drug in Canada.

ISSUE #5:

You are well aware that Health Canada does not have constitutionally valid jurisdiction to enforce against unregulated health care professionals, under threat of criminal charges, the *Food and Drugs Act* and related regulations on one-on-one patient relationships in Canada. Now that the closing of the border to non-Health Canada Natural Health Product licensed operations is underway, the pharmaceutical cartels MUST stop product flow via regulated health practitioners in the Provinces. **THIS INITIATIVE IS PART OF THE LONGSTANDING SCHEME!**

ISSUE #6:

The amendments to the *RHPA* legislation were buried in a huge Omnibus bill that was not read by MPPs before the 3 readings and votes. The primary stakeholders affected (the 14 Million Ontarians to lose their freedom of choice in health treatments and some 10,000 Ontario alternative, holistic and spiritual care practitioners) were not consulted and if consulted, not in an open and transparent manner with full disclosure. Even an MPP complained about that in 2009.

ISSUE #7:

<u>Definitions</u>

- At the same time as the takeover was put before legislators (2005-2006), a Dictionary of Psychology (1st edition) was published that incorporated some 300 approaches suddenly deemed 'psychotherapeutic techniques', when prior, psychotherapeutic techniques were understood to be electroshock, lobotomy, drug therapy (chemical lobotomy) and diagnoses.

- This Dictionary of Psychology **definition of psychotherapeutic techniques is in the form of a list of approaches**. Along with the electroshock, drug therapy and lobotomy techniques, in 2006, the APA Dictionary included some 300+ alternative, traditional, holistic and spiritual care approaches. They are scheduled to add another 250 approaches in 2015. **Remember that an approach can have many, if not hundreds of varying techniques, therefore the definition encompasses all possible techniques, verbal and non-verbal.** Definitions of some of the approaches listed in the Dictionary, including holistic education are found at the website www.StopPsychotherapyTakeover.ca/ImportantDocuments

- **The definition of 'psychotherapeutic techniques' is not a list of names of techniques or titles of approaches; it is a list of general approaches, such as holistic education, exercise therapy, dietary supplementation and coping skills training, Zen, hypnotherapy, that then encompass all possible communication between two people.**

- **There are two main reference documents to be used by the College – the APA Dictionary of Psychology and the DSM** (diagnostic manual of mental illness that has a mental illness diagnosis for virtually every human issue, including shyness and difficulty with mathematics. They will be adding 'daydreaming' and obsession with healthy eating and living as mental illnesses shortly).

ISSUE #8:

You and I both know that in their scheme--the two colleges THEY control, the dictionary that THEY control, the flawed legislation THEY created, the Regulations that THEY will install and control and the Quackbuster network of Dr. Terry Polevoy's and others that THEY also control--ALL issues that are diagnosed with a mental illness label (which will now account for every human experience including daydreaming and 'obsession' for healthy eating and living) will automatically be deemed as 'serious' to fulfill the intention of using the term 'serious condition' in the legislation.

Since every human condition, including shyness, grief and difficulty learning math have a mental diagnosis, most clients of alternative practitioners will be deemed to have a 'serious condition'. The DSM (diagnostic manual published by psychiatrists) is recognized by the Courts and thus we have the reference material defining 'serious', one of the terms in the legislation. **Any claim that 'serious condition' is not defined is extremely misleading if the College can regard 'serious' as it relates to the DSM.**

All it takes now is for you and me to join forces and together with your law firm's revised Legal Opinion/ Report, we can get the word out immediately to our respective health freedom networks and have an excellent chance of stopping these flawed legislative amendments.

As I suspect you are aware, we are two of the most feared and best known ***Informed Freedom of Choice in Health Care legal champions*** **in Canada and I know that together we can stop this dead in its tracks in Ontario one way or another.** My database is some 95,000 e-mails and yours now has to be 60,000 plus and my clients', The Stop Psychotherapy Takeover team, has amassed about 6,700 emails and growing daily.

I am sure that you will agree with me that the following is unlikely to be coincidence;

1. Coordinated with the anticipated date of proclamation of the College of Registered Psychotherapists, was the release of the new Dictionary of Clinical Psychology (1st edition 2013) with the same list of 315 approaches defining 'psychotherapeutic technique' as in the APA Dictionary of Psychology.
2. There was not only much secrecy, but deception, as the existence of 'reference' material to be used later in Court and for College regulatory purposes, was not and is still not disclosed to the public. The College always states it will not define the terms while withholding that it will rely on the profession's Dictionary and DSM definitions. The Courts will almost certainly be required to give heavy weight to these reference manuals.

It has been discouraging to learn that Ms. Eliany, instead of encouraging people to support our clients' hard work and fundraising efforts, has advised practitioners to spend their hard-earned money on lawyers who will be in the same position as themselves,...totally unable to decipher what is going on because of the misrepresentations and deception of the Transitional Council's psychologists in withholding the Dictionary they will later rely upon. Without a full understanding of the field of alternative health and wellness, legal opinions at this point can only be guesses.

Psychotherapy is one approach. Not all approaches are psychotherapy just because everything is added to a dictionary subjectively. This fact too should have been noted in a balanced report.

Attached for your information is my 'STOP the Psychotherapy Takeover of all Treatment and Counseling in Ontario' letter to the Government House Leader, Hon. Yasir Naqvi, MPP dated January 26, 2015 and to the Ontario Minister of Health, Hon. Dr. Eric Hoskins, MPP dated February 2, 2015 [See **Exhibits 11 & 12].**

Also attached as **Exhibit 13** is the Green and Associates Law Offices legal opinion addressed to Ms. Alice Creighton in regards to Ms. Rowlands letter dated June 27, 2014 that should assist you in your review of the issues I have highlighted herein.

As there is considerable urgency to these matters, your prompt response would be most appreciated.

Yours for Right to Prevail,

Trueman Tuck,
Paralegal Litigator, Lobbyist,
Crisis Management
& Business Development Consultant

Attachments: 13

Exhibit	Document Description
1	Glossary of Terms
2	Buckley & Co., Eliany Discussion Paper September 21, 2014
3	Regulated Health Professions Act, 1991, S.O. 1991, c. 18 s.27(1 & 2)
4	Psychology Act, 1991, S.O. 1991, c. 38
5	Psychotherapy Act, 2007, c.10, S.O. 2007, c.10, Sched. R
6	Delegation of Controlled Acts, Policy Statement #5-12, CPSO Dialogue, Issue 3, 2012
7	Bill 171, Health System Improvements act, 2007, S.O. 2007 c. 10
8	Wrigley Canada v. Canada, 2000 CanLII 15485 (F.C.A)
9	Letter to Spiritual Care Providers November 14, 2014
10	Ontario Coalition of Mental Health Professionals Executive Summary
11	Letter to Hon. Yasir Naqvi, 2015
12	Letter to Hon. Eric Hoskins, 2015
13	Green Legal Opinion to Ms. Creighton

EXHIBIT 1

Glossary of Terms

1. **CCHF** – Canadian Coalition for Health Freedom
2. **CRA** – Canadian Reiki Association
3. **CSPO** – College of Physicians and Surgeons of Ontario
4. **FOFI** – Friends of Freedom International
5. **NGH** – National Guild of Hypnotists
6. **RHPA** – Registered Health Professions Act
7. **TCM** – Traditional Chinese Medicine

EXHIBIT 2

BUCKLEY & COMPANY
NATURAL ADVOCATES

Psychotherapy Takeover Fears
DISCUSSION PAPER

written by Geneviève Eliany, legal counsel
www.buckleyandco.ca

September 21, 2014

A few natural health practitioner groups have approached me about the regulation of psychotherapy in Ontario. This discussion paper is meant to add to the discussion and dispel misinformation that is circulating, it should not be construed as legal advice.

Issue

Ontario is in the process of regulating various health modalities, one of which is psychotherapy. The *Psychotherapy Act* is currently drafted to make the practice of psychotherapy a controlled activity. In other words, only members of the College of Psychotherapists of Ontario (CRPO) and other specified regulated professions (MDs, nurses, OTs, psychologists, social workers) will be allowed to practice psychotherapy.

Some natural health practitioners and counsellors are worried that they will no longer be able to practice their modality because psychotherapy is defined too broadly. An exception for counselling already exists in the legislation but neither definition provides much guidance given the significant overlap between psychotherapy and counselling. Individuals cannot determine exactly what is and is not prohibited. It is also unclear to what extent counselling could be subsumed by psychotherapy techniques or specialties.

The following pages detail the law, the Transitional Council for the CRPO's (TC) position, consequences of contravening the legislation, and steps you may wish to take if you feel the regulatory scheme will negatively impact your practice.

Existing and Proposed Law

The controlled act of psychotherapy is drafted as follows:

> 3. The practice of psychotherapy is the assessment and treatment of cognitive, emotional or behavioural disturbances by psychotherapeutic means, delivered through a therapeutic relationship based primarily on verbal or non-verbal communication.
>
> 4. In the course of engaging in the practice of psychotherapy, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to treat, by means of psychotherapy technique delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.[1]

Other controlled acts are defined under s. 27(2) of the *Regulated Health Professions Act, 1991 (RHPA)*. It is important to note that an exception is set out for counselling under s. 29(2):

> (2) Subsection 27(1) does not apply with respect to a communication made in the course of counselling about emotional, social, educational or spiritual matters as long as it is not a communication that a health profession Act authorizes members to make.

There is also an exception for "treating a person by prayer or spiritual means in accordance with the tenets of the religion of the person giving the treatment" under s. 29(1)(c). Unless a member of a regulatory college, aboriginal healers and midwives are exempt when providing services to aboriginal persons or members of an aboriginal community under s. 35 of the *RHPA*.

---

[1] *Psychotherapy Act, 2007*: http://canlii.ca/t/1krm.

Making Sense of the Definition

The elements of the controlled act of psychotherapy have not been defined. For example, there is no definition for "psychotherapy technique", "therapeutic relationship", "serious disorder" or "seriously impair". This means courts will have to interpret the meanings over time unless the legislation is amended to clarify the terminology's breadth.

In responding to recent criticism of the proposed regulatory scheme, the TC suggests there is no cause for worry because general and faith-based counselling is exempt under the *RHPA*.[2] In its information for applicants, the TC relies on the HPRAC's *New Directions* report to clarify the issue. The report distinguished between psychotherapy and counselling as follows:

> Psychotherapy is most often characterized by an intense client-therapist relationship which often involves the examination of deeply emotional experiences, destructive behaviour patterns and serious mental health issues.
>
> The practice of psychotherapy is distinct from both counselling, where the focus is on the provision of information, advice-giving, encouragement and instruction, and spiritual counselling, which is counselling related to religion or faith-based beliefs.[3]

Based on this interpretation, the TC signals to applicants that counsellors whose work falls outside the scope of practice of psychotherapy need not apply.[4]

This solution is enticing because it is more reasonable. The problem is that the HPRAC report is not binding on the future CRPO or the courts. While legislative intent is an important part of legal analysis, Queen's Park did not adopt the report. Consider it research and commentary outside the regulatory bubble. As mentioned above, the *RHPA* does provide an exception for counselling but it does not define or elaborate on the practice either.

To compound the problem, section 11 of the *Psychotherapy Act* gives government *carte blanche* to make regulations:

> 11. Subject to the approval of the Lieutenant Governor in Council and with prior review by the Minister, the Council may make regulations prescribing therapies involving the practice of psychotherapy, governing the use of prescribed therapies and prohibiting the use of therapies other than the prescribed therapies in the course of the practice of psychotherapy.[5]

Regulations are laws that are made by way of publishing notice on the Government of Ontario's e-Laws website and in the Ontario Gazette. Think of regulations as add-ons to existing legislation, it is easier and quicker to make amendments this way. The opportunity to comment and debate is eliminated because the proposed bill does not go through legislature.[6]

---

[2] CRPO Response to "Stop Psychotherapy Takeover" dated August 8, 2014: http://archive.constantcontact.com/fs107/1110759861961/archive/1118157950303.html.

[3] Health Professions Regulatory Advice Council, *Regulation of Health Professions in Ontario: New Directions*: http://www.health.gov.on.ca/en/common/ministry/publications/reports/new_directions/new_directions.pdf beginning on page 206.

[4] CRPO, Information for Applicants (General): http://www.crpo.ca/home/info-for-applicants/

[5] *Psychotherapy Act, 2007, supra* note 1.

[6] For more information on how laws are made, visit: http://www.ontla.on.ca/lao/en/media/laointernet/pdf/bills-and-lawmaking-background-documents/acts-and-regulations-en.pdf

All of this means that the current definition of psychotherapy must be read as drafted and could change at any time by way of regulation without opportunity for public comment. It is so broad that it could reasonably be interpreted as a catch-all because counselling and psychotherapy overlap.[7] This is why critics argue that natural health practitioners and counsellors could run afoul of the legislation. My reading of the *RHPA* sees protection for faith-based counsellors though they too could potentially run into problems with overlapping scope.

Future Standards of Practice and Titles

Regulatory colleges play an important role is establishing standards of practice for a profession. This is usually based on feedback from stakeholders. These standards combined with expert testimony on guidelines have credible weight in court but would only be part of a court's analysis in determining what the impugned legislation means.

On review of the Hansard committee transcripts,[8] I came across Ms. Joyce Rowlands presentation to the Standing Committee on Social Policy in 2009. At that time, she argued that the "holding out" clause in the *Psychotherapy Act* should include the title "therapist" because it could be combined with words relating to the specialty of psychotherapy. Unqualified individuals could choose to avoid regulation by using titles such as "family therapist". She argued that the loophole could "undermine the intent of the *Psychotherapy Act*".[9]

Does this mean that the CRPO would sanction "family therapists" but not "family counsellors"? What is the difference between the two? Would nutritionists be protected by the counselling exclusion if they are giving simple advice on diet? What about a homeopath treating depression? If Ms. Rowlands argued for a broad interpretation of psychotherapy, critics' fears may well be justified. Only a clarification of the legislation will give real answers and allow practitioners to understand where they stand.

Admission and Educational Requirements

Critics are stating that admission to the CRPO will require a Masters' degree. This is false. I do not wish to shift the focus of the discussion paper, however, admission requirements are readily available on the CRPO website.[10]

Potential Consequences of Contravening the Legislation

Persons found guilty of performing a controlled act without authorization face a fine of not more than $25,000 and/or up to one year in jail for a first offence and a fine of up to $50,000 and/or up to one year in jail for a second or subsequent offence.[11]

---

[7] A letter dated November 27, 2013 from Carol Cowan-Levine, president of the TC, to a stakeholder, also relies on the HPRAC report and acknowledges "considerable overlap between counselling and psychotherapy": http://www.crpo.ca/wp-content/uploads/2014/03/CRPO-response-to-Shepell-letter-of-Oct10-13.pdf.

[8] Hansard is the transcript of proceedings and debates at the Ontario Legislature.

[9] Committee Transcripts: Standing Committee on Social Policy - 2009-Sep-28 - Bill 179, Regulated Health Professions Statute Law Amendment Act, 2009: http://www.ontla.on.ca/web/committee-proceedings/committee_transcripts_details.do?locale=en&Date=2009-09-28&ParlCommID=8875&BillID=2189&Business=&DocumentID=24344.

[10] See: http://www.crpo.ca/home/info-for-applicants/regular-applicants/#ed_trng_requirement_details and http://www.crpo.ca/home/info-for-applicants/grandparentinginfo/ for grandparenting.

[11] *RHPA*, s. 40: http://canlii.ca/t/524jd (and s.10 of the *Psychotherapy Act, 2007*).

State of the Law

The *Psychotherapy Act* is mostly in draft form, it has not been proclaimed and is not yet law. A June 17, 2014 newsletter from the Ontario Society of Psychotherapists (OSP) explained that the proposed legislation has hit a snag. Proclamation may or may not happen because of an issue with the Registered Mental Health Therapists title. At the time of writing, I had no further updates on this and welcome corrections or news.

Practically speaking this makes it a good time to voice your concerns to your MPP and the Ministry of Health. This is not a case of the legislation simply going through its approval process. There is a problem with it and your voice may stand a greater chance of being heard.

Potential Action Steps

To review, the law as drafted is ambiguous and overbroad. Changes can be made by way of regulation, bypassing opportunity for public review and comment. It is impossible to say what direction regulation will take but practitioners need to have a clearer idea of whether or not they risk facing prosecution by the CRPO.

Consider the key and incidental practices in your interaction with clients. It is difficult to imagine a natural health or counselling practice where the practitioner is never addressing what a layperson might understand as a "serious disorder". Would counselling of self-limiting depression be permissible while treatment of chronic depression allowable only under the controlled act of psychotherapy? Perhaps it should depend only on the severity of the depression? Or maybe all types of depression are deemed serious. What about conditions like fibromyalgia that are often both mental and physical? Ubiquitous complaints of anxiety? I do not have any answers but encourage you to reflect on your practice and how the regulation of psychotherapy may affect you.

Again, I emphasize that the legislation itself is not a "done deal" based on the OSP's June newsletter. Make your voice heard, outline how the legislation may create problems for you and your clients. If you are in a rural or northern area, there may also be concerns that restrictions to your practice would leave the community without any services at all. Those who value regulation may simply state the problems they risk facing and ask that the definitions be clarified. Others who oppose regulation may prefer to ask that proclamation of the CRPO on or about October 1, 2014 be delayed or stopped.

If you belong to an association, raise the issue with your group as well. I note the National Guild of Hypnotists' informed response and creative guide for its members.[12] They have outlined a professional code of ethics, standards of practice and recommended terminology to clarify hypnosis.[13] Your association may be able to provide similar guidance.

If you belong to a regulated profession and feel that your group should be allowed to practice the regulated act of psychotherapy, contact your regulatory college to see if that is being or has been discussed.

Get legal advice specific to your practice and circumstances. Another option is to contact the CRPO itself. They should have an idea of whether your practice is likely to attract their attention. Ask their opinion in writing for future reference.

---

[12] National Guild of Hypnotists, Letter to Members Regarding the New Psychotherapy College, dated June 18, 2014: http://mississauganghchapter.ca/mississauganghchapter.ca/Psychotherapy_College.html.
[13] The Code of Ethics of the National Guild of Hypnotists, 2014 Edition: http://www.ngh.net/downloads/CodeEthicsStandards.pdf.

case of a complaint review, of the Inquiries, Complaints and Reports Committee. 2007, c. 10, Sched. M, s. 4 (2).

EXHIBIT 3

Advice disclosed

(5) The nature of any advice, including legal advice, given by a person engaged under subsection (3) shall be made known to the parties and they may make submissions with respect to the advice. 1991, c. 18, s. 24 (5).

25. Repealed: 1998, c. 18, Sched. G, s. 5.

26. Repealed: 2007, c. 10, Sched. M, s. 5.

PROHIBITIONS

Controlled acts restricted

27. (1) No person shall perform a controlled act set out in subsection (2) in the course of providing health care services to an individual unless,

(a) the person is a member authorized by a health profession Act to perform the controlled act; or

(b) the performance of the controlled act has been delegated to the person by a member described in clause (a). 1991, c. 18, s. 27 (1); 1998, c. 18, Sched. G, s. 6.

Controlled acts

(2) A "controlled act" is any one of the following done with respect to an individual:

1. Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.
2. Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surfaces of the teeth, including the scaling of teeth.
3. Setting or casting a fracture of a bone or a dislocation of a joint.
4. Moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.
5. Administering a substance by injection or inhalation.
6. Putting an instrument, hand or finger,
    i. beyond the external ear canal,
    ii. beyond the point in the nasal passages where they normally narrow,
    iii. beyond the larynx,
    iv. beyond the opening of the urethra,
    v. beyond the labia majora,
    vi. beyond the anal verge, or

vii. into an artificial opening into the body.

7. Applying or ordering the application of a form of energy prescribed by the regulations under this Act.

8. Prescribing, dispensing, selling or compounding a drug as defined in the *Drug and Pharmacies Regulation Act*, or supervising the part of a pharmacy where such drugs are kept.

9. Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses other than simple magnifiers.

10. Prescribing a hearing aid for a hearing impaired person.

11. Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or a device used inside the mouth to protect teeth from abnormal functioning.

12. Managing labour or conducting the delivery of a baby.

13. Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response. 1991, c. 18, s. 27 (2); 2007, c. 10, Sched. L, s. 32.

Note: On a day to be named by proclamation of the Lieutenant Governor, subsection (2) is amended by the Statutes of Ontario, 2007, chapter 10, Schedule R, subsection 19 (1) by adding the following paragraph:

14. Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.

See: 2007, c. 10, Sched. R, ss. 19 (1), 20 (2).

Exemptions

(3) An act by a person is not a contravention of subsection (1) if the person is exempted by the regulations under this Act or if the act is done in the course of an activity exempted by the regulations under this Act. 1991, c. 18, s. 27 (3).

Note: On a day to be named by proclamation of the Lieutenant Governor, section 27 is amended by the Statutes of Ontario, 2007, chapter 10, Schedule R, subsection 19 (2) by adding the following subsection:

Same

(4) Despite subsection (1), a member of the Ontario College of Social Workers and Social Service Workers is authorized to perform the controlled act set out in paragraph 14 of subsection (2), in compliance with the *Social Work and Social Service Work Act, 1998*, its regulations and by-laws. 2007, c. 10, Sched. R, s. 19 (2).

See: 2007, c. 10, Sched. R, ss. 19 (2), 20 (2).

Delegation of controlled act

28. (1) The delegation of a controlled act by a member must be in accordance with any

applicable regulations under the health profession Act governing the member's profession.

Idem

(2) The delegation of a controlled act to a member must be in accordance with any applicable regulations under the health profession Act governing the member's profession. 1991, c. 18, s. 28.

Exceptions

29. (1) An act by a person is not a contravention of subsection 27 (1) if it is done in the course of,

(a) rendering first aid or temporary assistance in an emergency;

(b) fulfilling the requirements to become a member of a health profession and the act is within the scope of practice of the profession and is done under the supervision or direction of a member of the profession;

(c) treating a person by prayer or spiritual means in accordance with the tenets of the religion of the person giving the treatment;

(d) treating a member of the person's household and the act is a controlled act set out in paragraph 1, 5 or 6 of subsection 27 (2); or

(e) assisting a person with his or her routine activities of living and the act is a controlled act set out in paragraph 5 or 6 of subsection 27 (2).

Counselling

(2) Subsection 27 (1) does not apply with respect to a communication made in the course of counselling about emotional, social, educational or spiritual matters as long as it is not a communication that a health profession Act authorizes members to make. 1991, c. 18, s. 29.

Treatment, etc., where risk of harm

30. (1) No person, other than a member treating or advising within the scope of practice of his or her profession, shall treat or advise a person with respect to his or her health in circumstances in which it is reasonably foreseeable that serious bodily harm may result from the treatment or advice or from an omission from them. 1991, c. 18, s. 30 (1); 2007, c. 10, Sched. M, s. 6.

Exception

(2) Subsection (1) does not apply with respect to treatment by a person who is acting under the direction of or in collaboration with a member if the treatment is within the scope of practice of the member's profession. 1991, c. 18, s. 30 (2).

Delegation

(3) Subsection (1) does not apply with respect to an act by a person if the act is a controlled act that was delegated under section 28 to the person by a member authorized by a health profession Act to do the controlled act. 1991, c. 18, s. 30 (3).

Counselling

(4) Subsection (1) does not apply with respect to counselling about emotional, social, educational or spiritual matters. 1991, c. 18, s. 30 (4).

Exceptions

Ontario

EXHIBIT 4

ServiceOntario
e-Laws

Français

Psychology Act, 1991

S.O. 1991, CHAPTER 38

Consolidation Period: From June 4, 2007 to the e-Laws currency date.

Last amendment: 2007, c. 10, Sched. R, s. 18.

Definitions

1. In this Act,

"College" means the College of Psychologists of Ontario; ("Ordre")

"Health Professions Procedural Code" means the Health Professions Procedural Code set out in Schedule 2 to the *Regulated Health Professions Act, 1991*; ("Code des professions de la santé")

"member" means a member of the College; ("membre")

"profession" means the profession of psychology; ("profession")

"this Act" includes the Health Professions Procedural Code. ("la présente loi") 1991, c. 38, s. 1.

Health Professions Procedural Code

2. (1) The Health Professions Procedural Code shall be deemed to be part of this Act.

Terms in Code

(2) In the Health Professions Procedural Code as it applies in respect of this Act,

"College" means the College of Psychologists of Ontario; ("ordre")

"health profession Act" means this Act; ("loi sur une profession de la santé")

"profession" means the profession of psychology; ("profession")

"regulations" means the regulations under this Act. ("règlements")

Definitions in Code

(3) Definitions in the Health Professions Procedural Code apply with necessary modifications to terms in this Act. 1991, c. 38, s. 2.

Scope of practice

3. The practice of psychology is the assessment of behavioral and mental conditions, the

diagnosis of neuropsychological disorders and dysfunctions and psychotic, neurotic and personality disorders and dysfunctions and the prevention and treatment of behavioral and mental disorders and dysfunctions and the maintenance and enhancement of physical, intellectual, emotional, social and interpersonal functioning. 1991, c. 38, s. 3.

Authorized acts

4. In the course of engaging in the practice of psychology, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to communicate a diagnosis identifying, as the cause of a person's symptoms, a neuropsychological disorder or a psychologically based psychotic, neurotic or personality disorder. 1991, c. 38, s. 4.

Note: On a day to be named by proclamation of the Lieutenant Governor, section 4 is repealed by the Statutes of Ontario, 2007, chapter 10, Schedule R, section 18 and the following substituted:

Authorized acts

4. In the course of engaging in the practice of psychology, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:

1. To communicate a diagnosis identifying, as the cause of a person's symptoms, a neuropsychological disorder or psychologically based psychotic, neurotic or personality disorder.

2. To treat, by means of psychotherapy technique delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning. 2007, c. 10, Sched. R, s. 18.

See: 2007, c. 10, Sched. R, ss. 18, 20 (2).

Board continued as College

5. The Ontario Board of Examiners in Psychology is continued under the name College of Psychologists of Ontario in English and Ordre des psychologues de l'Ontario in French. 1991, c. 38, s. 5.

Council

6. (1) The Council shall be composed of,

(a) at least five and no more than seven persons who are members elected in accordance with the by-laws;

(b) at least five and no more than eight persons appointed by the Lieutenant Governor in Council who are not,

(i) members,

(ii) members of a College as defined in the *Regulated Health Professions Act, 1991*, or

(iii) members of a Council as defined in the *Regulated Health Professions Act, 1991*;

and

(c) two or three persons selected, in accordance with a by-law made under section 11, from among members who are members of a faculty of a department of psychology of a university in Ontario that is specified in the by-laws. 1991, c. 38, s. 6 (1); 1998, c. 18, Sched. G, s. 43 (1, 2).

Who can vote in elections

(2) Subject to the by-laws, every member who practises or resides in Ontario and who is not in default of payment of the annual membership fee is entitled to vote in an election of members of the Council. 1991, c. 38, s. 6 (2); 1998, c. 18, Sched. G, s. 43 (3).

President and Vice-President

7. The Council shall have a President and Vice-President who shall be elected annually by the Council from among the Council's members. 1991, c. 38, s. 7.

Restricted titles

8. (1) No person other than a member shall use the title "psychologist" or "psychological associate", a variation or abbreviation or an equivalent in another language.

Representations of qualification, etc.

(2) No person other than a member shall hold himself or herself out as a person who is qualified to practise in Ontario as a psychologist or psychological associate or in a specialty of psychology.

Idem

(3) A person who is not a member contravenes subsection (2) if he or she uses the word "psychology" or "psychological", an abbreviation or an equivalent in another language in any title or designation or in any description of services offered or provided.

Exception for university faculty

(4) Subsections (1) and (3) do not apply to a person in the course of his or her employment by a university.

Definition

(5) In this section,

"abbreviation" includes an abbreviation of a variation. 1991, c. 38, s. 8.

Notice if suggestions referred to Advisory Council

9. (1) The Registrar shall give a notice to each member if the Minister refers to the Advisory Council, as defined in the *Regulated Health Professions Act, 1991*, a suggested,

(a) amendment to this Act;

(b) amendment to a regulation made by the Council; or

(c) regulation to be made by the Council.

Requirements re notice

(2) A notice mentioned in subsection (1) shall set out the suggestion referred to the Advisory Council and the notice shall be given within thirty days after the Council of the College receives the Minister's notice of the suggestion. 1991, c. 38, s. 9.

Offence

10. Every person who contravenes subsection 8 (1) or (2) is guilty of an offence and on conviction is liable to a fine of not more than $25,000 for a first offence and not more than $50,000 for a second or subsequent offence. 2007, c. 10, Sched. B, s. 20 (1).

By-laws

11. The Council may make by-laws,

(a) respecting the qualifications, number, selection and terms of office of Council members who are selected; and

(b) specifying Ontario universities for the purposes of clause 6 (1) (c). 1998, c. 18, Sched. G, s. 43 (4).

Transition

12. A person who, on the day before this Act comes into force, was registered under the *Psychologists Registration Act* shall be deemed to be the holder of a certificate of registration issued under this Act subject to any term, condition or limitation to which the registration was subject. 1991, c. 38, s. 12.

13., 14. Repealed: 2007, c. 10, Sched. B, s. 20 (2).

15. Omitted (provides for coming into force of provisions of this Act). 1991, c. 38, s. 15.

16. Omitted (enacts short title of this Act). 1991, c. 38, s. 16.

Français

Back to top

Ontario

EXHIBIT 5

ServiceOntario
e-Laws

Français

Psychotherapy Act, 2007

S.O. 2007, CHAPTER 10
SCHEDULE R

Consolidation Period: From December 15, 2009 to the e-Laws currency date.

Last amendment: 2009, c. 26, s. 23.

Definitions

1. In this Act,

"College" means the College of Psychotherapists and Registered Mental Health Therapists of Ontario; ("Ordre")

Note: On a day to be named by proclamation of the Lieutenant Governor, the definition of "College" is repealed and the following substituted:

"College" means the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario; ("Ordre")

See: 2009, c. 26, ss. 23 (1), 27 (2).

"Health Professions Procedural Code" means the Health Professions Procedural Code set out in Schedule 2 to the *Regulated Health Professions Act, 1991*; ("Code des professions de la santé")

"member" means a member of the College; ("membre")

"profession" means the profession of psychotherapy; ("profession")

"this Act" includes the Health Professions Procedural Code. ("la présente loi") 2007, c. 10, Sched. R, s. 1.

Health Professions Procedural Code

2. (1) The Health Professions Procedural Code shall be deemed to be part of this Act. 2007, c. 10, Sched. R, s. 2 (1).

Same, interpretation

(2) In the Health Professions Procedural Code, as it applies in respect of this Act,

"College" means the College of Psychotherapists and Registered Mental Health Therapists of

Ontario; ("ordre")

Note: On a day to be named by proclamation of the Lieutenant Governor, the definition of "College" is repealed and the following substituted:

"College" means the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario; ("ordre")

See: 2009, c. 26, ss. 23 (2), 27 (2).

"health profession Act" means this Act; ("loi sur une profession de la santé")

"profession" means the profession of psychotherapy; ("profession")

"regulations" means the regulations under this Act. ("règlements") 2007, c. 10, Sched. R, s. 2 (2).

Definitions in Code

(3) Definitions in the Health Professions Procedural Code apply with necessary modifications to terms in this Act. 2007, c. 10, Sched. R, s. 2 (3).

Note: Sections 3 to 11 come into force on a day to be named by proclamation of the Lieutenant Governor. See: 2007, c. 10, Sched. R, s. 20 (2).

Scope of practice

3. The practice of psychotherapy is the assessment and treatment of cognitive, emotional or behavioural disturbances by psychotherapeutic means, delivered through a therapeutic relationship based primarily on verbal or non-verbal communication. 2007, c. 10, Sched. R, s. 3.

Authorized Act

4. In the course of engaging in the practice of psychotherapy, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to treat, by means of psychotherapy technique delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning. 2007, c. 10, Sched. R, s. 4.

College established

5. The College is established under the name College of Psychotherapists and Registered Mental Health Therapists of Ontario in English and Ordre des psychothérapeutes et des thérapeutes autorisés en santé mentale de l'Ontario in French. 2007, c. 10, Sched. R, s. 5.

Note: On a day to be named by proclamation of the Lieutenant Governor, section 5 is repealed and the following substituted:

College established

5. The College is established under the name College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario in English and Ordre des psychothérapeutes autorisés et des thérapeutes autorisés en santé mentale de l'Ontario in French. 2009, c. 26, s. 23 (3).

See: 2009, c. 26, ss. 23 (3), 27 (2).

Council

5. (1) The Council shall be composed of,

(a) at least six and no more than nine persons who are members elected in accordance with the by-laws;

(b) at least five and no more than eight persons appointed by the Lieutenant Governor in Council who are not,

(i) members,

(ii) members of a College as defined in the *Regulated Health Professions Act, 1991*, or

(iii) members of a Council as defined in the *Regulated Health Professions Act, 1991*. 2007, c. 10, Sched. R, s. 6 (1).

Who can vote in elections

(2) Subject to the by-laws, every member who practises or resides in Ontario and who is not in default of payment of the annual membership fee is entitled to vote in an election of members of the Council. 2007, c. 10, Sched. R, s. 6 (2).

President and Vice-President

7. The Council shall have a President and Vice-President who shall be elected annually by the Council from among the Council's members. 2007, c. 10, Sched. R, s. 7.

Restricted titles

8. (1) No person other than a member shall use the title "psychotherapist" or "registered mental health therapist", a variation or abbreviation or an equivalent in another language. 2007, c. 10, Sched. R, s. 8 (1).

Note: On a day to be named by proclamation of the Lieutenant Governor, subsection (1) is repealed and the following substituted:

Restricted titles

(1) No person other than a member shall use the title "psychotherapist", "registered psychotherapist" or "registered mental health therapist", a variation or abbreviation or an equivalent in another language. 2009, c. 26, s. 23 (4).

See: 2009, c. 26, ss. 23 (4), 27 (2).

Representations of qualification, etc.

(2) No person other than a member shall hold himself or herself out as a person who is qualified to practise in Ontario as a psychotherapist or a registered mental health therapist. 2007, c. 10, Sched. R, s. 8 (2).

Note: On a day to be named by proclamation of the Lieutenant Governor, subsection (2) is repealed and the following substituted:

Representations of qualifications, etc.

(2) No person other than a member shall hold himself or herself out as a person who is qualified to practise in Ontario as a psychotherapist, registered psychotherapist or registered mental health therapist. 2009, c. 26, s. 23 (4).

See: 2009, c. 26, ss. 23 (4), 27 (2).

Definition

(3) In this section,

"abbreviation" includes an abbreviation of a variation. 2007, c. 10, Sched. R, s. 8 (3).

Notice if suggestions referred to Advisory Council

9. (1) The Registrar shall give a notice to each member if the Minister refers to the Advisory Council, as defined in the *Regulated Health Professions Act, 1991*, a suggested,

(a) amendment to this Act;

(b) amendment to a regulation made by the Council; or

(c) regulation to be made by the Council. 2007, c. 10, Sched. R, s. 9 (1).

Requirements re notice

(2) A notice mentioned in subsection (1) shall set out the suggestion referred to the Advisory Council and the notice shall be given within 30 days after the Council of the College receives the Minister's notice of the suggestion. 2007, c. 10, Sched. R, s. 9 (2).

Offence

10. Every person who contravenes subsection 8 (1) or (2) is guilty of an offence and on conviction is liable to a fine of not more than $25,000 for a first offence and not more than $50,000 for a second or subsequent offence. 2007, c. 10, Sched. R, s. 10.

Regulations

11. Subject to the approval of the Lieutenant Governor in Council and with prior review by the Minister, the Council may make regulations prescribing therapies involving the practice of psychotherapy, governing the use of prescribed therapies and prohibiting the use of therapies other than the prescribed therapies in the course of the practice of psychotherapy. 2007, c. 10, Sched. R, s. 11.

Transition before certain provisions in force

12. (1) The Lieutenant Governor in Council may appoint a transitional Council. 2007, c. 10, Sched. R, s. 12 (1).

Registrar

(2) The Lieutenant Governor in Council may appoint a Registrar who may do anything that the Registrar may do under the *Regulated Health Professions Act, 1991*. 2007, c. 10, Sched. R, s. 12 (2).

Powers of transitional Council and Registrar

(3) Before section 6 comes into force, the Registrar, the transitional Council and its employees and committees may do anything that is necessary or advisable for the

EXHIBIT 6

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

POLICY STATEMENT #5-12

Delegation of Controlled Acts

APPROVED BY COUNCIL: September 1999

REVIEWED AND UPDATED: Nov. 2003, Nov. 2004, Feb. 2007, Sept. 2010, Sept. 2012

PUBLICATION DATE: *Dialogue*, Issue 3, 2012

KEY WORDS: Delegation, Direct Order, Medical Directive, Controlled Act, Physician-Patient Relationship

RELATED TOPICS: The Practice Guide: Medical Professionalism and College Policies; Consent to Medical Treatment; Medical Records

LEGISLATIVE REFERENCES: *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, as amended; *Personal Health Information Protection Act*, 2004, S.O. 2004, c.3, Sched A; *Health Care Consent Act, 1996*, S.O. 1996, c.2, Sched A

REFERENCE MATERIALS: Federation of Health Regulatory Colleges of Ontario *Guide to Medical Directives and Delegation*; Ontario Hospital Association, Ontario Medical Association, and Ministry of Health and Long-Term Care *Emergency Department (ED) Medical Directives Implementation Kit*

COLLEGE CONTACT: Physician Advisory Service

Delegation of Controlled Acts

INTRODUCTION

The College is committed to ensuring that physicians in Ontario provide the highest quality care to their patients. Under Ontario law, certain acts, referred to as "controlled acts," may only be performed by authorized health-care professionals. However, under appropriate circumstances, these acts may be delegated to others. Delegating controlled acts in appropriate circumstances can result in more timely delivery of health care, and can promote optimal use of health-care resources and personnel.

This policy sets expectations for physicians about when and how they may delegate controlled acts, through either direct orders or medical directives.

PRINCIPLES

In accordance with *The Practice Guide*, the professional expectations in this policy are based on the following principles:

1. In every instance of delegation, the primary consideration must be the best interests of the patient.
2. An act undertaken through delegation must be as safe and effective as if it had been performed by the delegating physician.
3. Responsibility for a delegated controlled act always remains with the delegating physician.

TERMINOLOGY

Controlled Acts

Controlled acts are specified in the *Regulated Health Professions Act, 1991 (RHPA)* as acts which may only be performed by authorized regulated health professionals.[1] Of the 14 controlled acts,[2] physicians are authorized to perform 13 and may, in appropriate circumstances, delegate the performance of those acts to other individuals who may or may not be members of a regulated health profession. A list of controlled acts set out in the *RHPA* can be found at Appendix A.

Delegation

Delegation is a mechanism that allows a physician who is authorized to perform a controlled act to confer that authority to another person (whether regulated or unregulated) who is not independently authorized to perform the act.[3]

It is not considered delegation to authorize the initiation of a controlled act that is within the scope of practice of another health professional.[4] It is also not considered delegation to refer a patient to another physician or health professional for care. For the purposes of this policy, "delegation" occurs only when a physician directs an individual to perform a controlled act that the individual has no statutory authority to perform.

Delegation can take place through either a direct order or a medical directive. In most cases, these are used to facilitate the efficient delivery of health care to patients. They are commonly used in institutional settings.[5]

Direct Order

A direct order provides instructions from an individual physician to another health care provider or a group of health care providers. The order relates to *only one patient* and initiates a specific intervention or treatment to be delivered at a specific time. It may be verbal (over the telephone, via videoconferencing, or in person) or written. A direct order is to take place after a physician-patient relationship has been established.

Medical Directive

Medical directives are written orders by physicians (often more than one) to other health care providers that pertain to *any patient* who meets the criteria set out in the medical directive. When the directive calls for acts that will require delegation, it provides the authority to carry out the treat-

1. Although the *RHPA* prohibits performance of controlled acts by those not specifically authorized to perform them, it does not apply if the person performing the act is doing so to render first aid or temporary assistance in an emergency, or if they are fulfilling the requirements to become a member of a health profession and the act is within the scope of practice of the profession and is performed under the supervision or direction of a member of the profession (*RHPA*, s. 29(1)(a,b)).
2. At the time of writing, the amendment to Section 27(2) of the *RHPA* deeming treatment by psychotherapeutic technique a controlled act was not yet proclaimed and therefore not yet in force. Upon proclamation, the expectations in this policy with respect to this controlled act will apply to physicians.
3. While the term "delegation" can have multiple meanings, for the purposes of this policy, "delegation" refers to the delegation of controlled acts as defined under the *RHPA*.
4. For example, nurses are legally authorized to "administer a substance by injection" when the procedure has been ordered by a specified regulated health professional. Therefore, a nurse would require an order to perform this procedure, but would never require delegation.
5. Not all direct orders and medical directives contain delegation of controlled acts. A health professional may require a medical order to initiate a controlled act that he or she is already authorized to perform. In such situations, the direct order or medical directive will contain the order to perform the controlled act, but will not delegate it. In order for a physician to know whether they are delegating a controlled act or merely providing an order to initiate the performance of a controlled act, he or she must be aware of whether the scope of practice of the individual who will perform the procedure includes the controlled act in question. Ideally, this will be specified in medical directives.

ments, procedures, or other interventions that are specified in the directive, provided that certain conditions and circumstances exist.

This policy sets expectations about the use, development, and contents of medical directives. For examples of prototype medical directives, physicians are encouraged to consult the *Emergency Department Medical Directives Implementation Kit* which has been developed jointly by the Ontario Hospital Association (OHA), the Ontario Medical Association, and the Ministry of Health and Long-Term Care and is available on the OHA website.

Scope

This policy applies to all physicians who delegate controlled acts.[6]

POLICY

1. Patient Best Interests

In every instance of delegation, the primary consideration must be the best interests of the patient. In making the decision to delegate controlled acts, the physician will consider how to achieve an appropriate balance of patient need, quality and access. Controlled acts must not be delegated solely for monetary or convenience reasons and quality patient care must not be compromised by the delegation.

2. Physician-Patient Relationship

In most situations where a physician delegates the performance of controlled acts, he or she should have current knowledge of a patient's clinical status. Therefore, delegation must only occur in the context of an existing physician-patient relationship, unless patient safety and best interests dictate otherwise. This will usually mean that the physician has interviewed the patient, performed an appropriate assessment, made recommendations, obtained an informed consent to proceed, and ordered a course of therapy.[7]

In some instances, the patient's best interests will be served by having the controlled act performed prior to assessment by the physician (in a hospital emergency room, for example, where it is common for some tests to be ordered before a physician has seen the patient). In such circumstances, the delegation may take place pursuant to a medical directive. When this happens, it is expected that a delegating physician under whose authority the controlled act has been performed will meet and assess the patient as soon after it has been performed as possible.

3. Scope and Training

The *Medicine Act, 1991* requires the physician to confine medical practice to those areas of medicine in which he or she is trained and experienced.[8] A physician must not delegate the performance of an act that he or she is not competent to perform personally.

4. Evaluation of the Delegate

i. Ensure the delegate has the appropriate knowledge, skill and judgment to perform the delegated act.

The physician must be satisfied that the individual to whom the act will be delegated has the appropriate knowledge, skill and judgment to perform the delegated act. *The delegate must be able to carry out the act as competently and safely as the delegating physician.*

Since delegation of controlled acts involves ordering acts that are not within the scope of practice of the individual accepting the order (whether the individual is regulated or unregulated), a physician must not assume that the individual has the knowledge, skill and judgment required to perform the act. As such, a physician who elects to delegate controlled acts to any individual must be especially

6. Physicians should note that fulfilling the College's expectations with respect to the delegation of controlled acts does not entail that they have fulfilled Ontario Health Insurance Plan (OHIP) billing requirements for delegated services. Physicians who bill OHIP and who are considering delegating performance of controlled acts to others should carefully review the provisions of the OHIP Schedule of Benefits. The OMA and the Provider Services Branch at OHIP are available to answer questions and give advice about such matters.
7. Examples where the College has explicitly identified appropriate circumstances in which delegation may occur in the absence of a physician-patient relationship include:
   - the provision of care by paramedics under the direct control of base hospital physicians;
   - the administration of primary care in remote and isolated regions of the province by registered nurses acting in expanded roles;
   - the provision of public health programs operated under the authority of a Medical Officer of Health, such as vaccinations; and
   - post-exposure prophylaxis following potential exposure to a blood borne pathogen or the provision of the hepatitis B vaccine in the context of occupational health medicine.
8. O. Reg. 865/93, *Registration*, enacted under the *Medicine Act, 1991*, S.O. 1991, c.30, s. 2(5).

diligent in ensuring that the delegate is capable of performing the act competently and safely.[9]

If physicians choose to delegate controlled acts to international medical graduates (IMGs) who have credentials or licences obtained in other jurisdictions but who do not have certificates of registration in Ontario, they must follow the same protocols that apply when delegating to any other individuals. *Physicians cannot rely exclusively on such credentials or licences to ascertain whether an IMG has the requisite knowledge, skill and judgment to safely perform a controlled act.*[10]

ii. Ensure the delegate is able to accept the delegation.

In addition to the limitations set out in the *RHPA*, some regulatory colleges in Ontario place limits on the types of acts that their members may be authorized to carry out through delegation. The delegate is responsible for informing the delegating physician of any regulations, policies, and/or guidelines of his or her regulatory body that would prevent him or her from accepting the delegation. Where the physician becomes aware that the delegate is not permitted for any reason to perform a controlled act, the physician must not delegate the act to that individual. Moreover, if a potential delegate declines to perform a controlled act for any reason, he or she cannot be compelled by the delegating physician to accept the delegation.

Because quality care is the primary concern, physicians must not delegate the performance of a controlled act (or direct any activity related to patient well-being or health care) to a person whose certificate to practise any health profession is revoked or suspended by the governing body of his or her discipline at the time of the delegation.

5. Consent

The physician must confirm that patients provide informed consent for the performance of controlled acts, whether consent is obtained by the physician him or herself or by the delegate.[11] This will include providing the patient with appropriate information about the person who will be performing the controlled act (i.e., the delegate). If the patient requests information about how the delegate has obtained authorization to perform the controlled act, an explanation must be provided to the patient. In circumstances where the delegation takes place pursuant to a medical directive, the protocol for the directive must include obtaining the appropriate patient consent.[12]

The patient's consent must be documented in the medical record.[13]

6. Quality Assurance

i. Identification of risk involved in delegating the act

The physician must analyze the potential harm associated with the performance of the delegated act and be satisfied that delegating the act does not increase the risk to the patient. Some procedures in some circumstances carry such a high risk that only a physician should perform them. In such instances, the physician must not delegate.

ii. Psychotherapy[14]

The controlled act of psychotherapy, as defined in the *RHPA*, relies upon the psychotherapeutic relationship that is established between the physician and the patient. Delegating the controlled act of psychotherapy to someone outside of the psychotherapeutic relationship could not only reduce quality of care and negate treatment benefits, but also present an unduly high level of risk to the patient. As such, physicians must not delegate this controlled act under any circumstances.

iii. Resources and equipment required

As part of the risk analysis undertaken to determine whether the act can be appropriately delegated, the physi-

9. In some cases the physician may not personally know the individual to whom he or she is delegating. For example, in a hospital setting, the hospital employs the delegates (nurses, respiratory therapists, etc.) and the medical staff is not involved in the hiring process. In this case, it is reasonable to assume that the institution has ensured that its employees have the requisite knowledge, skill and judgment.
10. Delegation is not intended to provide IMGs who do not have certificates of registration with opportunities to gain credentials for their application for certification, nor to allow physicians to delegate controlled acts to IMGs for monetary or convenience reasons. As with any delegate, activities of the IMG must only substitute for the direct care of the physician when this is in the patient's best interests.
11. See CPSO policy Consent to Medical Treatment for further detail.
12. Obtaining informed consent includes the provision of information and the ability to answer questions about the material risks and benefits of the procedure, treatment or intervention proposed. If the individual who will be enacting the medical directive is unable to provide the information that a reasonable person would want to know in the circumstances, the implementation of the medical directive is inappropriate.
13. See CPSO policy Medical Records for further detail.
14. See supra note 2.

cian must identify any resources and equipment necessary to reduce risk. The physician must ensure that such resources and equipment are available on site where the delegated act is being performed.

iv. Supervision of the delegation

The accountability and responsibility for the act that has been delegated remain with the delegating physician. A physician delegating a controlled act must provide the appropriate level of supervision to ensure that the act is performed properly and safely. The nature of the supervision will vary according to the assessment of risk, taking into account the specific act being delegated, the circumstances under which the act will be performed, and the knowledge, skill, and judgment of the person performing it.

Physicians must ensure there is a communication path that will enable the individual implementing a directive to identify the physician responsible for the care of the patient in order to contact him or her immediately, if necessary.

Prior to the delegation of a controlled act, physicians must ensure that any adverse event that occurs will be managed appropriately, either by the delegate or by the delegating physician, and that there is a communication plan in place so that the delegating physician is informed of any actions taken by the delegate to manage the adverse event.

v. Ongoing monitoring and evaluation

If the particular act is routinely delegated (for example, pursuant to a medical directive in a hospital or in an office setting where staff roles include performance of delegated acts), the physician must ensure there is ongoing monitoring and evaluation of the act being performed. This would include ensuring the currency of the delegate's knowledge and skills. It would also include periodic evaluation of the delegation process itself to ensure it is safe and effective. Physicians should also consider tracking or monitoring methods to identify when medical directives are being implemented inappropriately or are resulting in unanticipated outcomes.

vi. Documentation

The physician should ensure that there is appropriate documentation of all steps taken to meet the expectations in this policy. This documentation is necessary to answer any concerns or questions about the delegation process.[15]

Verbal direct orders should be noted in the patient's chart by the recipient of the direct order and must be reviewed or confirmed at the earliest opportunity by the delegating physician and in accordance with the policy of the institution in which they are used.

Where medical directives are implemented, the patient's record must include documentation of the name and number of the directive, the name and signature of the delegate, and the name(s) of the authorizing physician(s).

A medical directive must include sufficient detail to ensure that it can be implemented. The following information must be included in a medical directive:

1. The name and a description of the procedure, treatment or intervention being ordered;
2. An itemized and detailed list of the specific clinical conditions that the patient must meet before the directive can be implemented;
3. An itemized and detailed list of any situational circumstances that must exist before the directive can be implemented;
4. A comprehensive list of contraindications to implementation of the directive;
5. Identification of the individuals authorized to implement the directive;[16]
6. A description of the procedure itself that provides suffi-

15. For further guidance, physicians are encouraged to consult the CPSO policy on Medical Records.
16. The individuals need not be named but may be described by qualification or position in the workplace.

cient detail to ensure that the individual implementing the directive can do so safely and appropriately;[17]

7. The name and signature of the physician(s) authorizing and responsible for the directive and the date it becomes effective; and
8. A list of the administrative approvals that were provided to the directive. The dates and each Committee (if any) should be specifically listed.[18]

Each physician responsible for the care of a patient who will receive the proposed treatment, procedure, or intervention must sign the medical directive. Medical directives must be updated each time there is a medical staff change within the department or division to which the directive applies.[19]

17. The directive may call for the delegate to follow a protocol that describes the steps to be taken in delivering treatment if one has been developed by the physician or the institution.
18. A more comprehensive guide and toolkit is posted on the website of the Federation of Health Regulatory College of Ontario (FHRCO). This guide was developed by a working group of FHRCO in 2006.
19. Where it is impractical for an institution to have all medical staff sign a copy of each medical directive, it is acceptable for these individuals to receive copies of each directive and sign one statement indicating that they have read and agreed with all the medical directives referred to therein. Many institutions have accomplished this by requiring acknowledgement of familiarity with and agreement to medical directives as part of their annual physician reappointment process and by creating mandatory eLearning sign-off programs for physician staff. Unless all physicians in the department are signatories to the directive, it will be administratively difficult to institute. Hospital staff should not be expected to determine whether the physician on call is or is not a signatory to a particular medical directive. If administrative simplicity is not possible, it is likely that the risk of relying on the medical directive is too high to justify its use.

Appendix A

CONTROLLED ACTS UNDER THE *RHPA*

1. Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.
2. Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surfaces of the teeth, including the scaling of teeth.
3. Setting or casting a fracture of a bone or a dislocation of a joint.
4. Moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.
5. Administering a substance by injection or inhalation.
6. Putting an instrument, hand or finger,
    i. beyond the external ear canal,
    ii. beyond the point in the nasal passages where they normally narrow,
    iii. beyond the larynx,
    iv. beyond the opening of the urethra,
    v. beyond the labia majora,
    vi. beyond the anal verge, or
    vii. into an artificial opening in the body.
7. Applying or ordering the application of a form of energy prescribed by the regulations under the *RHPA*.
8. Prescribing, dispensing, selling or compounding a drug as defined in the *Drug and Pharmacies Regulation Act*, or supervising the part of a pharmacy where such drugs are kept.
9. Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses other than simple magnifiers.
10. Prescribing a hearing aid for a hearing impaired person.
11. Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or device used inside the mouth to prevent the teeth from abnormal functioning.[20]
12. Managing labour or conducting the delivery of a baby.
13. Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response.
14. Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.[21]

20. This is the only controlled act that physicians are not authorized to perform.
21. Physicians are not permitted to delegate this controlled act. See section 6.ii. above.

DELEGATION OF CONTROLLED ACTS

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO
80 COLLEGE STREET, TORONTO, ONTARIO M5G 2E2

EXHIBIT 7

Bill 171, Health System Improvements Act, 2007

Smitherman, Hon George *Minister of Health and Long-Term Care*

Current Status: Royal Assent received Chapter Number: S.O. 2007 C.10

Status

Date	Bill Stage	Activity	Committee
June 04, 2007	Royal Assent	Royal Assent received	
May 31, 2007	Third Reading	Carried	
May 31, 2007	Third Reading	Debate	
May 28, 2007	Third Reading	Debate	
May 14, 2007		Ordered for Third Reading	
May 14, 2007		Reported as amended	
May 14, 2007		Consideration of a Bill	Standing Committee on Social Policy
May 07, 2007		Consideration of a Bill	Standing Committee on Social Policy
April 24, 2007		Consideration of a Bill	Standing Committee on Social Policy
April 23, 2007		Consideration of a Bill	Standing Committee on Social Policy
April 02, 2007		Ordered referred to Standing Committee	Standing Committee on Social Policy
April 02, 2007	Second Reading	Carried	
March 26, 2007	Second Reading	Debate	
March 21, 2007	Second Reading	Debate	
March 20, 2007	Second Reading	Debate	
December 12, 2006	First Reading	Carried	

Wrigley Canada v. Canada, 2000 CanLII 15485 (F.C.A.)

Date: 2000-05-10
Docket: A-252-99
Parallel citations: 181 F.T.R. 264
URL: http://www.canlii.org/en/ca/fca/doc/2000/2000canlii15485/2000canlii15485.html
Noteup: Search for decisions citing this decision

Date: 20000510

Docket: A-252-99

CORAM: DESJARDINS J.A.

ROTHSTEIN J.A.

EVANS J.A.

BETWEEN:

WRIGLEY CANADA

Appellant

(Plaintiff)

- and -

HER MAJESTY THE QUEEN

Respondent

(Defendant)

REASONS FOR JUDGMENT

(Delivered from the Bench at Ottawa, Ontario

on Wednesday, May 10, 2000)

EVANS J.A.

[1] The definition of "food" in section 2 of the *Food and Drugs Act* , R.S.C. 1985, c. F-27, includes chewing gum. The question to be decided in this appeal is whether a claim by a chewing gum manufacturer that use of its product prevents dental cavities thereby makes the gum a "drug" for the purpose of the Act, and hence subject to a regulatory regime that is more stringent than that applicable to "food".

[2] In a decision dated March 23, 1999 Richard A.C.J. (as he then was) dismissed a motion for summary judgment in which Wrigley Canada sought a declaration that, despite a representation that EXTRA Sugarfree Gum prevents dental cavities, the gum is a food and not a drug. The Motions Judge granted a declaration that, even though the definition of "food" in section 2 expressly includes chewing gum, such a claim would bring EXTRA Sugarfree Gum within the statutory definition of a drug. Wrigley Canada has appealed from this decision.

[3] The factual background precipitating Wrigley Canada"s motion was that the company wished to claim for the chewing gum in question that it "Prevents Tooth Decay". However, the Canadian Radio-television and Telecommunications Commission has refused to accept the script for an advertisement claiming cavity fighting properties for EXTRA Sugarfree Gum, on the ground that such a claim made it a drug. Health Canada is now of the same view, although it had previously maintained the opposite position, as, indeed, had the Commission.

[4] Wrigley Canada has applied to Health Canada on two occasions for approval of EXTRA Sugarfree Gum as a drug when it is represented as preventing dental decay. The first approval was rejected in 1987, apparently on the ground that the chewing gum contained no active ingredient and, presumably, was therefore not within the definition of a drug. However, by October 1987 Health Canada had changed its mind: in a letter from an Assistant Deputy Minister of Health Canada it was said that Wrigley Canada"s claim had been reassessed and the conclusion reached that a drug claim was being made.

[5] There is no evidence in the record setting out the basis of the second refusal in 1993. It could have been because the scientific research submitted with the application did not satisfy the Minister that the appellant"s product prevented tooth decay. Indeed, given Mr. Woyiwada"s submission to us that chewing gum could be a "substance or mixture of substances", and thus satisfy the threshold element of the statutory definition of a drug in section 2 of the Act, and Health Canada"s view in October 1987, after the first refusal, that Wrigley Canada"s claim for the chewing gum was a "drug claim", the Minister could hardly be heard now to say that chewing gum that is claimed to prevent tooth decay falls outside the definition of a drug.

[6] We note that the refusal of Health Canada to approve EXTRA Sugarfree Gum as a drug has not been the subject of an application for judicial review.

[7] The part of the definition of a "drug" in the *Food and Drugs Act* relevant to this appeal provides that a drug includes "any substances ... represented for use in (*a*) the ... prevention of disease, disorder ... in human beings ...". At first sight, at least, it would certainly appear that an advertising claim that EXTRA Sugarfree Gum not only does not cause dental cavities, but also prevents them, brings the product within the statutory definition of a drug.

[8] Statutory health standards are applicable to the sale and production of "food", and federal and provincial consumer protection legislation imposes sanctions for false advertising of any goods. However, "drugs" can only be sold after regulatory approval has been obtained on proof of their safety and efficacy: selling drugs without the necessary approval is a statutory offence.

[9] The appellant has argued that, since chewing gum is expressly included in the statutory definition of food,

and is therefore subject to the regulatory standards applicable to food, it cannot also be a drug simply because a health benefit is claimed for it.

[10] We do not find this argument persuasive. There is nothing in either the statutory definition of "food" and "drugs", or the legislative scheme as a whole, that precludes a food from also becoming a drug if a representation is made that otherwise brings it within the definition of a drug in section 2. The categories are not mutually exclusive. On the other hand, the definition of a "device" is expressly stated not to include a drug, thus making it clear that those categories do not overlap. Similar words are not found in the definition of "food".

[11] The appellant relied on subsection 3(1) of the Act to establish that a food does not become a drug merely because a claim is made that it prevents or cures diseases. This subsection provides that no person may advertise any food, device, cosmetic or drug as a cure for, or prevention of, any of the diseases or disorders listed in Schedule A of the Act. This list includes some of the most serious medical conditions to which human beings may be subject.

[12] The appellant"s argument was that, on Richard A.C.J."s reasoning, any product that was alleged to prevent or cure a Schedule A disease or disorder would automatically be a drug within the meaning of section 2. Accordingly, the inclusion of food, devices or cosmetics in subsection 3(1) would be superfluous. Their inclusion, it was argued, is a clear indication that Parliament did not regard a product that was a food as also capable of being a drug by virtue of a claim that it prevented a Schedule A disease.

[13] The appellant is no doubt correct to say that, on Richard A.C.J."s interpretation of subsection 2(1), the meaning of subsection 3(1) is not changed by the inclusion of the words "food, devices or cosmetics". However, the presumption that Parliament does not include words in a statute unnecessarily is rebuttable by other provisions in the Act. In our view, the definition of a drug in section 2 has this effect.

[14] In addition, words that are not strictly necessary to convey a meaning may be added to the text of a statute to make the provision clearer to the reader. Hence, the inclusion of "food" removes any doubt that subsection 3(1) applies to a good that, apart from the claimed medical benefit, is a food, not a drug.

[15] The appellant also argued that, by making it an offence to advertise a product as preventing a disease listed in Schedule A, Parliament should be taken not to have prohibited advertisements claiming preventive properties with respect to diseases not included in Schedule A, such as dental decay.

[16] We do not think that this observation helps the appellant. The question is not whether it is an offence for any one to advertise such a claim for a product, but whether the appellant"s chewing gum has become a drug by virtue of the representation that it prevents dental decay. This is a different question altogether. Subsection 3(1) cannot be interpreted as excluding from other regulatory provisions products that are claimed to cure or prevent diseases to which the prohibition in subsection 3(1) does not apply.

[17] Nor do we attach significance to the use of the word "article" in the statutory definition of food and "substance" in the definition of a drug. It does not unduly strain language to describe chewing gum as "a substance or mixture of substances", particularly having regard to the underlying purposes of the legislative scheme: the protection of the public through a requirement of approval before a product, for which specific medical benefits are claimed, can be marketed.

[18] For these reasons, and for those given by Richard A.C.J., the appeal will be dismissed. Since counsel for the respondent did not ask for costs, either in his memorandum, or after the above reasons for judgment were delivered in Court, costs will not be awarded.

"John M. Evans"

J.A.

EXHIBIT 9

One takeover at a time dismantling your democratic rights!

This letter provides the results of more research into this matter of the takeover of the entire field of mental and emotional health and counseling by conventional lobby groups. It demonstrates how vitally important it is that we all act now to protect our rights to choose our own health care treatments.

Millions of Ontarians are not aware that their freedom to choose their health care treatments is under attack, even though they are paying out-of-pocket for the alternative treatments they have come to appreciate. With your help, six thousand Petition signatures can become 6 million!

Our every normal human reaction to life's bumps and bruises will be 'diagnosed' and we will be treated as though we are all flawed if this legislation is permitted to stand.

Those who can make you believe absurdities can make you commit atrocities.
~Voltaire

It is an absurdity that anyone should for a second believe they are entitled to remove our freedoms, it is an atrocity if we sink into apathy and allow it to happen!

With your generous contributions to the legal fund set up at www.StopPsychotherapyTakeover.ca we can continue the fight to preserve our rights. We are striving to raise $80,000 by the new year. We must obtain either a total repeal of this legislation or the addition of amendments to ensure that all practitioners can continue to offer the public their treatments without fear of prosecution. It will help ensure the public continues to have many options, including those without life-long labels and drugs.

Most would agree that the state shouldn't be allowed into the bedrooms of a nation. Why on earth would we allow them into our head—or to restrict our health care options?

Few Canadians have experienced anything but freedom…freedom to speak to whomever, wherever, whenever. But now, over 14 Million Ontarians are losing their freedom to choose their own health care and some 10,000 practitioners, mostly women, are being deprived of their livelihood (source: Statistics Canada). The essential aspect of their work (treatments), have been made a controlled act to be undertaken by a select few!

If we give in to ANY demand to accept reduced freedoms, we are signing away our democratic rights in all areas of our lives. We are experiencing systematic, institutionalized democracy-dismantling actions in full sight of the very elected officials tasked with protecting them. We must stand firm against this…with our letters, our calls and our dollars.

Bureaucrats--highly influenced by drug companies and lobby groups—have written the legislation, buried it deep in a huge Omnibus Bill and have had our unsuspecting MPPs (who generally don't read these long Bills) vote for it!!

The MPP's were not only unaware this legislation was manipulated this way, but they have not the vaguest idea of the implications it has on alternative practitioners and how it will impact their clients. It is up to us to enlighten them before we lose our basic freedoms of speech, association and choice in health care treatments.

Evidence does not support lobby group claims that the public needs protection from the treatments of alternative practitioners. The public speaks loud and clear with their dollars that alternatives are safe, effective and safe. **Thus our fight is about holding on tighter than ever to our values and freedoms — not sacrificing them to fake notions of 'protection'.**

Some of the Ontario MPPs we have contacted have referred us back to the new College of Psychotherapy to discuss our loss of freedoms! They seem to have no qualms that a lobby group is undermining our democracy.

This is serious. **If we don't stop this now right here in Ontario by standing strong for the freedoms our forefathers sacrificed life and limb for, eventually Canadians everywhere will have no choice in treatments and practitioner.** There is a real danger here that every one of us could be labeled with a mental illness diagnosis.

No person who believes in democracy would ever seek to eliminate other people's democratic rights so blatantly and arrogantly. This action against Ontarians should be a red flag for those currently under treatment or considering treatment by psychologists, psychotherapists and psychiatrists. You are only one of millions who they want full control over.

The Entitlement Disorder

Psychologists and psychotherapists believe they are entitled to micro-manage Ontarians' lives and to deprive some 10,000 Ontario holistic, alternative and spiritual practitioners of their livelihood. The reason? Alternative treatments are cost-effective, safe and increasingly preferred by the public. Allowing the public choice especially when it is paid for out-of-pocket results in loss of profit

This entitlement attitude reflects their over-inflated opinions of their own worth and their unshakeable belief that Ontarians are simply too ignorant to make their own decisions and live their own lives without micro-management. The fact that millions are no longer buying into the '*you're mentally ill, here is a pill and a label*' narrative, is scaring these lobby groups into using undemocratic legislative force against us all:

- There are, at last count, 331 psychological theories...not one has been proven to cure anything.

- There are, at last count, well over 300 mental illness diagnoses in over 200 categories. Mental illness diagnoses are sheer fiction with not a single scientific study to support their existence, but research shows they do harm to the person so labeled. **There is now a mental-illness diagnosis for every single issue in life including grief, shyness and inability to succeed at math!**

- Most people are realizing that mental illness diagnoses are nothing more than a moral opinion and judgment of another human being. There is no science behind them.

- The supposed efficacy and effectiveness of licensed mental health practitioners is not based on patient/client satisfaction, but on whether that practitioner has a Master's degree, There is no evidence that a Masters degree has ever healed anyone. Absurd credential requirements do however, eliminate more effective competition.

WHY? Follow the money!

With sobering statistics like what follows, the sources of which are all found at http://www.stoppsychotherapytakeover.ca/statistics , psychotherapists and psychologists pretty much have no choice now but to resort to elimination of their competition by legislation. We have no choice but to stop them if we want to remain free!

a) In 2005-2006, at the same time medical/pharmaceutical lobby groups started to position themselves to 'regulate' alternative and holistic practitioners, Canadians spent more than $5.6 billion out-of- pocket on visits to providers of alternative medicine, compared to nearly $2.8 billion in 1997. This represents a doubling of preference for alternative and complementary treatments in less than 10 years.

b) At the rate the expenditures on alternative treatments were doubling, we can extrapolate that by 2014-15 Ontario residents will spend close to $8-10 Billion on alternatives.

c) The highest concentration of natural health services providers is found in Ontario (46% of the total in Canada by 2012)

d) 13% of the Ontario population were using alternatives by 2005 (9 years ago already!), It is fair to presume that some $4-5 Billion out-of-pocket was spent on alternative treatments in 2005-6, in Ontario alone.

e) In 2006, alternative therapy providers were the major expenditure component, making up 72 % of average per capita expenditure.

f) Alternative and holistic therapies are out-of-pocket expenditures, saving the health care system billions of dollars annually.

g) **Ontario's share of all persons employed in the Natural Health (Other Health Practitioners) field is 46.5% or over 7,000 people. Most are small businesses with 1-4 employees.**

h) **The vast majority of religious/spiritual care workers are located in Ontario with 5,443 employed in micro and small religious/spiritual practices, 16-20% of Ontarians are not affiliated with any religion.**

i) 2/3rds of people who use complementary and alternative medicine do not tell their medical doctor. Many people report their psychologists and psychiatrists becoming irate and threatening when they do.

Efficacy and risk/harm of conventional vs. alternatives *(see website for sources)*

(a) Physicians are more than twice as likely as the general population to commit suicide and psychiatrists commit suicide at twice the rate of general physicians.

(b) 1 in 4 psychologists consider suicide at least once and 1 in 16 have attempted at least one time to kill themselves.

(c) Of the physicians who committed suicide, 42% had been seeing a conventional mental health professional at the time of death, underscoring the fact that removing safe, effective, dignified, empathic holistic therapies from the pallet of health care choices for the troubled client is seriously unwise, unjust and is tantamount to a death sentence for many.

(d) "Figures from the Health and Social Care Information Centre (HSCIC) show fewer than 6% of referrals made under the Improving Access to Psychological Therapies (IAPT) programme in 2012-13 resulted in 'reliable recovery'."

(e) Depending on which study you read, between 20 and 57 percent of psychotherapy clients do not return after their initial session. Another 37 to 45 percent only attend therapy a total of two times. The number one cited reason by clients is dissatisfaction with the psychotherapist.

(f) Fact: Many people who enter psychotherapy today aren't helped at all. Some end up more troubled than when they began treatment. Some therapists are examples of the kinds of problems they're trying to treat.

(g) Fact: in the 1990s, psychotherapists, psychologists and psychiatrists engaged in activities that lead to massive numbers of false memories and fabricated multiple personality diagnoses, building careers at the expense of thousands of innocent lives.

(h) **There is no history of harm done by any alternative treatment.**

(i) **Iatrogenic illness is the 3rd leading cause of death in America.** Iatrogenic illness is harm, intentional and unintentional, caused by medical treatment. It is known to be severely underreported.

The Situation Facing Ontario Residents Right Now

(a) Thousands of alternative and holistic practitioners are either unaware of the tyranny that lurks, or many of those who are aware choose denial, primarily because they cannot believe this can happen in Canada.

(b) The new College is talking in circles, using intentionally ambiguous or misleading statements such as "*We will not regulate holistic and alternative practitioners AS LONG as they don't engage in the controlled act*", knowing full well that without the ability to treat no practitioner can practice for long. This legislation is therefore a backhanded way of 'regulating' alternative and holistic practitioners out of work. Meanwhile, the College has ignored legal letters criticizing the violation of rights.

(c) Some Ministers/Clergy, Family Therapists, Pastors and other spiritual care practitioners who possess a Master's Degree are joining the College and becoming 'registered psychotherapists'. Some are positioning themselves within the College for a major role in the violation of everyone's freedoms and the deprivation of other spiritual counselors of their livelihoods. Catholic and Protestant clergy claim to be exempted from College membership, therefore Ontarians are left with three choices in spiritual care: Catholic, Protestant and psychotherapy.

(d) There are no subcategories of 'registered psychotherapists', therefore people seeking spiritual care will increasingly and inevitably be treated by 'registered psychotherapists' in spiritual care disguise. This is not being disclosed to the client.

(e) We have learned that an American association has advised its approximate 500 Ontario membership to acquiesce to the power grab by psychologists, by creatively changing their language to avoid detection by the College. While these members have guaranteed Charter Rights, the advice is tantamount to agreeing to a dictatorship! An example is that they use 'sad' instead of 'depressed' and 'coaching' instead of 'therapy'.

All Ontarians should now be demanding full disclosure from their spiritual care practitioners and reconsidering their choices if their practitioner has joined this College. Few of us would knowingly choose to be associated with any group who is involved in the dismantling of our rights and freedoms.

(f) **The College will have the authority to arbitrarily prohibit ANYONE who is not a member of the College from using any techniques they alone decide are psychotherapeutic techniques, thereby preventing practitioners from speaking freely to their clients about human issues including, for example:**

- **stress**
- **anxiety and worry**
- **depression**
- **ADD, ADHD**
- **grief**
- **addictions**
- **trauma and sexual abuse**

The College will have the authority to fully gag anyone from speaking to and treating any Ontario resident about their issues. Only one way of treating will be permitted and that is by the diagnostic/medical model that psychologists and psychiatrists use.

WE NEED YOUR CONTRIBUTIONS NOW! Please contribute generously to the effort to keep you free by donating at www.StopPsychotherapyTakeover.ca. Donations at the petition site do not reach us...they go to Change.org.

EXHIBIT 10

Ontario Coalition of Mental Health Professionals
Executive Summary
Response to the
Health Professions Regulatory Advisory Council's
Regulation of Health Professions in Ontario: New Directions
Chapter 7: Regulating Psychotherapy

The brief begins by recognizing that, unlike in the past, this Council's research and consultation process was fully inclusive of the currently unregulated mental health practitioners who provide Ontarians with high-quality, cost-effective services and who belong to voluntary self-regulating professional associations.

The central premise of the brief is that public protection must be the driving force behind regulation because:

- people receiving mental health care are vulnerable at the time in their lives when they seek assistance or treatment
- all mental health professionals, regardless of the titles they use, pose a risk of harm to the public due to the nature of their work
- mental health practitioners will continue to provide much-needed services and this a broad spectrum of professionals needs to be regulated

The brief posits that it is in the public interest for Ontarians to have the choice of a wide range of mental health services to ensure that:

- the pool of qualified providers is not diminished
- services are available in remote areas
- services are available in languages other than English and French
- culturally competent services are accessible to diverse communities

The brief focuses exclusively on two broad areas of the Council's report:

- the rigid dichotomy between counselling and psychotherapy
- the mechanism of an enforceable scope of practice.

The Coalition argues unequivocally that there are no bright lines between counselling and psychotherapy as maintained by the Council. Rather, all mental health professionals are seen to have in common what the Council ascribes only to psychotherapists:

- that the services are for mental health, psychological or emotional reasons
- that the services are delivered through a psychotherapeutic relationship.

Specific examples are cited from the case load of mental health professionals who practice as "Counsellors" to show that counselling and psychotherapy operate on a continuum and cannot be arbitrarily separated.

The Coalition takes issue with the Council's recommendation that there should be an enforceable scope of practice (ESP) for psychotherapy. The brief cites the legal opinion from Symes & Street which argues that an ESP is even more restrictive than a controlled act under the Regulated Health Professions Act (RHPA).

The Council maintains that an ESP is somewhere between title protection and a controlled act and rejects a controlled act of psychotherapy as too restrictive. However, Coalition counsel, Beth Symes, argues that an ESP is more restrictive than a controlled act because it bars non-registrants of the regulatory body from practicing the entire scope of practice, not just certain parts of it, and in the case of psychotherapy, that would be every aspect of "the treatment of cognitive, emotional or behavioural disturbances".

The brief warns that regulating only psychotherapists, rather than a broader range of mental health professionals, and granting psychotherapy an enforceable scope of practice, would seriously curtail the choice of safe mental health services for scores of Ontarians across the province. Thousands of professionals who are qualified and experienced mental health practitioners, but not psychotherapists *per se*, would be legally barred from continuing to offer services that deal with "cognitive, emotional or behavioural disturbances".

Those barred from practice would include chaplains who work in prisons, psychiatric hospitals and general hospitals and college counsellors who work in the public education sector in programs that receive millions of dollars annually in government funding, who all would be in breach of the proposed ESP for psychotherapists.

The Coalition signals its concern that the effect of this approach would be precisely the opposite of what the RHPA was designed to avoid: giving health professions exclusive monopolies over scopes of practice or, put another way, protecting the interests of the professions rather that protecting the interests of the public.

The brief also warns that such a regulatory regime would not protect the public, the cornerstone of the RHPA, because it would be virtually unenforceable. How would the new regulatory body police thousands of non-registrants who are trained to provide treatment for "cognitive, emotional and behavioural disturbances" and whose services are desperately needed in communities across Ontario? How could the government justify the expense of prosecuting mental health counsellors who are infringing on the enforceable scope of practice of psychotherapists? The resources needed to protect the interests of the new profession of psychotherapy would be better spent on providing a broad range of quality mental health services to Ontarians.

The brief ends by urging the Minister of Health and Long-Term Care to ensure that any new regulatory regime uphold the public policy objectives of the RHPA: choice, access and public protection. The Coalition strongly recommends that if the government proceeds with draft legislation based on an enforceable scope of practice for psychotherapy, that it do so in conjunction with the following measures:

- Adopt a broad definition of psychotherapy that includes all mental health workers, including those who are currently unregulated.
- Require currently regulated health professionals who are practicing psychotherapy to meet qualifications and accountability measures specific to psychotherapy.

EXHIBIT 11

Tuck's Paralegal Services o/b Trueman Tuck
Office: Bldg. 1, Suite 4, 6835 Highway 62 North, Belleville, Ontario, Canada K8N 4Z5
Mailing: P.O. Box 160, Foxboro, Ontario Canada K0K 2B0
Tel: 613-968-3007 Toll-free: 1- 888-611-5243
Fax: 613-968-3215 Fax-free: 1- 888-872-7035
www.tucksparalegalservices.ca www.theparalegallitigator.com
Trueman@tucksparalegalservices.ca

A full service, Ontario wide Paralegal Legal Services Firm getting results for our clients since 1995!

URGENT – PERSONAL ATTENTION OF HON YASIR NAQVI

FAXED Jan 26/15 RS
FT. Emails sent only.

Delivered by Courier
And emailed to: ynaqvi.mpp.co@liberal.ola.org
And cover only by fax to: (613) 722-6703

January 26, 2015

Tel: (613) 722-6414

Page(s): 21

Hon Yasir Naqvi, MPP
Government House Leader
Office of the Government House Leader
Room 223, Main Legislative Building, Queen's Park
Toronto, Ontario M7A 1A2

Dear Hon Naqvi:

Re: Urgent request for further postponement of proclamation of the amendments to *RHPA, Psychology Act* and *Psychotherapy Act* for six months while the issues are discussed with all affected Health Practitioners and the affected public to allow resolution of the interpractice conflicts with new amendments

I act on behalf of a number of concerned non-pharmaceutical Health Care practitioners and consumers who depend on non-pharmaceutical health care approaches as their primary health care approach.

Please see the website http://www.stoppsychotherapytakeover.ca and perhaps you can note the over 6,600 petition signatures at http://tinyurl.com/qxwczo2

I understand that in 2009, your government's Omnibus Bill 171 was given Royal Assent. This Bill affected many *Acts,* but as can be seen from the MPP discussion comments at the time, there was no public consultation or time allowed to research and review the three legislative amendments affecting the *Registered Health Professions Act*, the *Psychology Act* and the *Psychotherapy Act.*

These amendments make unlawful the existing practices of some ten thousand non-pharmaceutical Health Care professionals in Ontario and could be considered to be unlawful constraints of trade and commerce activities and a violation of the *An Act concerning Monopolies, and Dispensation with penal laws, etc. R.S.O. 1897, Chapter 323* [See **Exhibit 1**]. As you are likely aware, it is a violation of several Provincial and Federal Acts to conspire to restrict trade and commerce activities of your competitors.

The Amendments awaiting proclamation are;

[1] *Registered Health Professions Act, 1991, Section 27(2)*;

[2] *Psychology Act, 1991, Section 4*, and;

[3] *Psychotherapy Act, 2007, Section 3 & 4.*

We understand that at least the *Psychotherapy Act* amendments have been set down for proclamation in March 2015.

We request that your government decline to set down any of these three ill-founded, against-public-interest, and likely unlawful amendments for proclamation for six months in order to provide my clients and their organization the opportunity to continue canvassing the some 14 Million Ontarians and ten thousand affected Ontario Health Care practitioners for their input into appropriate amendments that would ensure Ontario citizens continue to have access to competent and effective treatments by existing holistic, traditional, spiritual and energy practitioners of their personal choice.

We note that this same effort at monopoly failed in Britain some years ago, because the public refused to accept violations and impositions on their rights to decide for themselves what to eat, drink, think and how to act and react. People around the world insist on their right to define for themselves what is 'normal'.

These same types of issues arose a number of years ago in Ontario in regards to non-allopathic regulated and non-regulated Health Care approaches being used by Medical Doctors in combination with pharmaceutical based approaches. Monte Kwinter's amendment in 2000 attempted to resolve this issue with the following amendment to the *Medicines Act*, 1991 which states, to quote;

"Non-traditional practice

5.1 A member shall not be found guilty of professional misconduct or of incompetence under section 51 or 52 of the Health Professions Procedural Code solely on the basis that the member practises a therapy that is non-traditional or that departs from the prevailing medical practice unless there is evidence that proves that the therapy poses a greater risk to a patient's health than the traditional or prevailing practice. 2000, c. 28, s. 1."

We are canvassing thousands of affected regulated and unregulated non-pharmaceutical based Health Care Professionals in order to develop a detailed brief with legislative reform amendment proposals that would effectively address the protection of public mental health choices without violating the constitutionally protected rights of both patients and non-pharmaceutical-based health care practitioners.

Another critical factor that needs to be taken into consideration is that, as you are aware, all Ontario Citizens have a constitutionally protected right of *Informed Freedom of Choice in Health Care.* I can provide a sworn affidavit from one affected practitioner who has practiced clinical hypnotherapy since 2008 after training in advanced medical and dental hypnotherapy at the government regulated Pacific Institute of Advanced Hypnotherapy in British Columbia. This affidavit will provide evidence that this practitioner who had no interest in psychotherapy and holds no masters degree is regularly referred psychiatric patients to her practice by psychiatrists

and medical doctors in Eastern Ontario, including from the Royal Ottawa Hospital and successfully provide assistance that would become unlawful under these three proposed amendments.

Also attached is a letter written to the Minister of Health and Long Term care from Carole Baker who had been subjected to endless psychiatric and psychotherapeutic treatments for 17 years to no avail [See **Exhibit 2**]. Her conditions were worsening and her physical issues due to medication side-effects were causing serious medical concerns. After 30 days of the above referenced practitioner's natural hypnotherapy treatment, Ms. Baker started full recovery resulting in a return to work, to full family life, and freedom from brain-damaging pharmaceutical drugs.

This is but one example of many documented successes of non-pharmaceutical Health Care approaches that we will be bringing to the attention of all MPPs in order to help them fully understand the importance of appropriately amending legislation to create a level playing field for all styles of Health Care that are competent, effective, and well established over many decades and in some cases centuries and thousands of years. The availability of options must be a cornerstone of any initiative to rein in the escalating Health Care costs in Ontario.

Together these three amendments as currently worded and once proclaimed, would unjustifiably end free-choice in health care treatments for a wide range of human health challenges for 14 Million Ontarians, forcing them to go to the USA or to other provinces for their preferred treatments. An estimated 10,000 traditional non-pharmaceutical drug-based holistic and spiritual care practitioners would have their currently lawful trade and commerce health care practices that studies show save the health care system $10-14 Billion annually made illegal, depriving them of their livelihoods.

The constitutional rights and freedoms of every Ontarian are violated by these amendments, something that is inconsistent with the Canadian view that everyone is an individual and every individual has inalienable rights to choose their own food, beverages and health care.

The essence of Monte Kwinter's Bill was to ensure access by Ontario citizens to the most effective and least harmful Health Care treatments and Practitioners, without bias or discrimination and interference of drug-influenced conventional professions. We believe that this well established guiding principle needs to be adhered to in these matters as well.

The marketplace speaks more loudly and more accurately than any claims made by lobby groups. The public chooses to pay out-of-pocket for their traditional, holistic, energy and spiritual treatments and the amount they spend is doubling every ten years. This is important especially since statistics show that any claims that the public needs to be 'protected' from non-medical, non-pharmaceutical, non-psychotherapy practitioners is categorically false.

Our legislative initiative could, with our developing suggested amendment, create a health care situation similar to that found in British Columbia, which is a more equally accessible Holistic Health Care approach that respects the wide range of cultural Health Care approaches from all countries around the world.

We are certain you would agree with us that any legislation affecting the constitutional rights and freedoms of 14 Million Ontarians that was passed without proper public consultation in 2007 should not be proclaimed until all concerns have been fully and properly addressed.

There is a real danger of the pharmaceutical-based health care practitioners scheming to restrict the trade and commerce activities of their major non-pharmaceutical competitors. This was revealed a number of years ago in the US conflicts between the allopathic pharmaceutical-based Medical Doctors and the Chiropractors in the Chiropractic Antitrust Suit, *Wilk, et al vs. the AMA, et al.*

Those of us who depend on non-pharmaceutical Health Care approaches as our primary sources of wellness in Canada and the USA have not forgotten that organized pharmaceutical medicine has spent many decades and millions of dollars trying to discredit and destroy non-pharmaceutical health care competitors such as chiropractic and herbalists.

Today the vestiges of this suppression are still found on fringe websites that ignore the body of peer-reviewed research supporting chiropractic care and most non-pharmaceutical health care approaches. Suppression is still found in the efforts of conventional mental health professions to distract the public from facts such as those provided by the Barrio studies of 1969-70 which showed that hypnotherapy was far more cost effective and efficient than psychiatry and psychotherapy by a huge margin [See **Exhibit 3**].

Our research to date indicates that in anticipation of these three amendments being passed into law, a new APA Dictionary of Clinical Psychology (1st edition, 2013) has been created. It has appropriated hundreds of natural human interactions and treatment approaches that have been around for centuries and listed them as 'psychotherapeutic approaches'. This Dictionary will then be used to facilitate the complete takeover of all treatment and counseling in Ontario by pharmaceutical-based psychologists within their scopes of practice, because treatments such as dietary supplementation, Transcendental Meditation, dance therapy, exercise therapy, coping skills training, motivational therapy and so on are suddenly 'psychotherapeutic techniques' and therefore a 'controlled act' under the *RHPA*.

There needs to be a careful balance between a specific lawful scope of practice activity within one modality of the practice of medicine and a prohibited act that is restricted due to actual risks of harm. Example – we can all agree that it takes special training to inject anything into a human body, to do electroshock or a lobotomy. Thus injections, electroshock, and lobotomy being prohibited acts, unless the specific health professional is properly trained and regulated, makes Public Health Protection sense.

On the other hand, what is occurring with these three amendments are cleverly and solely self-serving to pharmaceutical-based Health Care professionals and are not dealing with a *validly* prohibited act that has any connection to Public Health and Safety issues. In fact, what is being attempted in these amendments will do exactly the opposite. They would create a situation where far safer and publically-preferred treatment approaches would be unilaterally banned (after dilution and systematic elimination of techniques), thereby forcing Ontario consumers to change to more dangerous treatment approaches. One can only imagine the endless suffering that will be experienced by those, such as Carole Baker, who have already tried conventional treatments to no avail.

One Ontario-regulated Health Practitioner lobby group should not be enabled to unilaterally lobby for new legislative amendments such as these, where the new proposed legislative amendments will result in eliminating existing competitors in their previously safe, effective, and lawful trade and commerce activities. One can see that if the entire Jury is manned by foxes, every chicken will be mentally ill, incompetent and without voice.

We hope that you and your colleagues can see the positive benefits of postponing these proclamations as requested and working with our client. Ontarians would then be spared costly court-challenges and the unnecessary distress involved in protecting their health from risk associated with loss of freedoms and choices.

We implore you to use your power to give us the opportunity to seek input from the 10,000 plus practitioners negatively impacted by these three proposed amendments and the millions of Canadians and particularly Ontarians who rely on non-psychotherapeutic approaches in order to develop more objective and comprehensive legislative modernization reform proposals.

We do not want to create bad legislation in Ontario that might be used as precedent to introduce similar bad legislation in other provinces of Canada.

It is important to note that traditional, holistic, spiritual and energy-based non-drug therapies are the number one primary health care approach across the world, used by 80% of the world's population.

Given the escalating public health care costs and financial pressures on your government, delaying the proclamation of these ill-advised changes and working with our organization to create more constitutionally-acceptable legislative amendments in Ontario will be a win-win for your government and 14 Million Ontario citizens who spend billions on natural treatments. The amendments that we ask to be postponed are:

(a) Registered Health Professions Act, 1991, Section 27(2)

Note: On a day to be named by proclamation of the Lieutenant Governor, subsection (2) is amended by the Statutes of Ontario, 2007, chapter 10, Schedule R, subsection 19 (1) by adding the following paragraph:

14. Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.

See: 2007, c. 10, Sched. R, ss. 19 (1), 20 (2).

(b) Psychology Act, 1991, Section 4:

Note: On a day to be named by proclamation of the Lieutenant Governor, section 4 is repealed by the Statutes of Ontario, 2007, chapter 10, Schedule R, section 18 and the following substituted:

Authorized acts

4. In the course of engaging in the practice of psychology, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:

1. To communicate a diagnosis identifying, as the cause of a person's symptoms, a neuropsychological disorder or psychologically based psychotic, neurotic or personality disorder.

2. To treat, by means of psychotherapy technique delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning. 2007, c. 10, Sched. R, s. 18.

See: 2007, c. 10, Sched. R, ss. 18, 20 (2).

(c) Psychotherapy Act, 2007:
Note: Sections 3 to 11 come into force on a day to be named by proclamation of the Lieutenant Governor. See: 2007, c. 10, Sched. R, s. 20 (2).
Scope of practice
3. The practice of psychotherapy is the assessment and treatment of cognitive, emotional or behavioural disturbances by psychotherapeutic means, delivered through a therapeutic relationship based primarily on verbal or non-verbal communication. 2007, c. 10, Sched. R, s. 3.
Authorized Act
4. In the course of engaging in the practice of psychotherapy, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to treat, by means of psychotherapy technique delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning. 2007, c. 10, Sched. R, s. 4.

Please acknowledge receipt in writing of this communication and advise me on or before January 29, 2015 of the status of the referenced amendments. Please feel free to contact me at 613-968-3007, or by email at Trueman@tucksparalegalservices.ca.

Thank you for your anticipated consideration and attention to this very important matter. We look forward to your confirmation that your government will not further support these three harmful legislative amendments as currently drafted by exercising your prerogative to refrain from proclaiming them into law and that your government will work with us to develop revised amendments that will far better serve the real needs of citizens of Ontario.

Sincerely,

Trueman Tuck
Lobbyist, Regulatory Consultant
& Paralegal Litigator

cc: Hon. Dr. Eric Hoskins, Minister of Health and Long-Term Care by courier, fax & e-mail
All Ontario MPPs by e-mail

Exhibit	Document Description
1	*An Act concerning Monopolies, and Dispensation with penal laws, etc. R.S.O. 1897, Chapter 323.*
2	Letter from Carole Baker to the Minister of Health and Long Term Care dated January 12, 2015
3	Barrio studies of 1969-70

Subject: Citizen Request for Help to Stop Psychotherapy Takeover of Treatments in Ontario
From: admin@stoppsychotherapytakeover.ca
Date: 2/19/2015 5:17 PM
To: itadmin@tucksprofessionalservices.com

Re: Citizen request for your assistance to Stop the Psychotherapy Takeover via the three legislative amendments described below

My family and I, as Citizens of Ontario, have the sovereign, supreme, constitutional legal right to consume the traditional natural remedies/dietary food supplements and to use treatments and counseling of our own choosing, for any purpose whatever and from any practitioner whatever.

I need you as my elected representative to assist me in our efforts to stop the psychotherapy takeover by psychotherapists and psychologists, of treatments and counseling (including spiritual care) in Ontario. The treatments to be taken over include those involving dietary food supplements, holistic education, coping skills and weight management training.

I need you to take action on my behalf to prevent the proclamation of the three Ontario legislative amendments which seek to strip me of my choice in treatment and health care practitioner. Those legislative amendments are:

[1] Registered Health Professions Act, 1991, Section 27(2) that creates the controlled act of psychotherapy.

[2] Psychology Act, 1991, Section 4 that restricts the use of hundreds of approaches to treatment and wellness to registered psychotherapists, psychiatrists and psychologists.

[3] Psychotherapy Act, 2007, Section 3 & 4 that also restricts the use of hundreds of natural, traditional and spiritual care approaches to treatment and wellness to registered psychotherapists, psychiatrists and psychologists.

Not only do I need you to ensure that the above amendments are repealed, but that appropriate new legislative amendments are added to the RHPA to ensure that all traditional, holistic, energy and spiritual care treatments and providers of those treatments remain free of scrutiny and interference by medical-approach practitioner groups.

Evidence in the form of statistics and studies proves there are no risks of any kind to the public being addressed by those three amendments. In fact it is the opposite; --these amendments will cause deaths and greater harm to Ontario citizens.

Please visit www.StopPsychotherapyTakeover.ca/Statistics for further details of these issues, and to see the vital statistics that should give you a powerful insight into just how economically, legally and ethically important this matter of the attempted psychotherapy takeover of all treatment and counseling in Ontario is.

I need to have the equal rights of access, tax deductions and insurance coverage of all of my and my loved one's healthcare options, regardless of whether I wish to rely upon medical/diagnostic /pharmaceutical treatments or traditional, natural, safe and effective treatments and counseling.

I need to be able to go to any publicly-funded Ontario health facility and at that facility access the health care that I need from either of these two approaches on a fair and equal basis, without coercion, manipulation and biased regulatory interference by conventional groups.

It is very important that you are aware that The Prince of Wales in a report titled 'The Role of Complementary and Alternative Medicine in the NHS', which was published October 16, 2005, clearly indicated that full and equal integration of the number one primary health care system in the world by percentage of population, (Traditional Natural Remedies/Treatment Approach) with the number two leading health care system, (the Modern Pharmaceutical Approach) would reduce costs, save lives, improve quality of life and outcomes, and so on.[See Exhibit 1]

Realistically, this is, in my opinion, the only viable way Ontario lawmakers have to bring under control Ontario's runaway public health care costs.

Helping us stop the psychotherapy takeover of treatment and counseling in Ontario will ensure that one drug-company influenced lobby group does not monopolize the entire field of treatment and counseling driving up public costs and causing increased deaths and adverse reactions in the process.

IT IS EQUALLY IMPORTANT TO NOTE THAT TRADITIONAL NATURAL REMEDIES AND TREATMENTS ARE NOT ALTERNATIVE OR COMPLIMENTARY, BUT ARE TRADITIONAL AND PRIMARY FOR THE MAJORITY OF THE WORLD'S POPULATION SINCE THE BEGINNING OF HUMAN RECORDED EXISTENCE! The western approach is the new and so far unproven fad.

THE WORDS 'alternative and complementary' were coined by the medical/pharmaceutical cartel specifically to indoctrinate the North American population, including elected officials, to believe that traditional and holistic treatments are 'new' when in fact, it is the western medical/drug system that is the new 'fad'. The use of these terms by modern medical professionals is entirely unacceptable. Further, the implication that traditional and holistic approaches are 'risky' and that the public needs

protection is defamatory because it is not supported by the statistical evidence and it is professionally-created misinformation deliberately designed to discredit and discourage free and equal access to all of the best evidence-based health care options from either of the two leading choices.

In the UK, US and Canada, the modern pharmaceutical interests have routinely attempted to marginalize, discredit, restrict and exterminate their primary competitor in the health care field at extreme costs to our society and loss of human life and dignity.

The above-noted amendments were influenced by the drug companies already involved in the new College of Registered Psychotherapists. Since those treatments provided by psychologists and psychiatrists are already controlled under the RHPA and 'psychotherapy' is not and never has been a profession, but an approach only, it is clear that this legislation was designed to 'create' a new profession that could set about appropriating all manner of treatment and counseling in order to monopolize and control health care through unjust regulations and legal offense enforcement actions.

MY FIRST QUESTION FOR YOU IS - were you aware of Bill 171 and Bill 179 in 2007 and 2009 respectively, and that they contained these three legislative amendments? YES ( ) or No ( )

MY SECOND QUESTION FOR YOU - Do you and/or your family rely upon Traditional Natural Remedies including Dietary Food Supplements for your health care protection? Yes( ) or no ( )

MY THIRD QUESTION FOR YOU IS - Do you agree that every citizen of Ontario has an absolute constitutional right of INFORMED FREEDOM OF CHOICE IN HEALTH CARE? Yes( ) or No( )

Just to ensure that you fully understand my concerns, and those of the tens of thousands of Ontario voters who are part of the Canadian Health Freedom Movement and have been for many years, the definition of Dietary Food Supplements,(the use of which is now deemed to be a psychotherapeutic technique because of the finagling of psychologists promoting the undemocratic RHPA, Psychotherapy Act and Psychology Act amendments), is similar to the legislation that resolved these same issues in the USA in 1994. This is seen as Exhibit 2.

My spokesman on these issues is Mr. Trueman Tuck, of Tuck's Paralegal Services in Belleville, Ontario (see www.tucksparalegalservices.ca). Trueman is a long time INFORMED FREEDOM OF CHOICE human rights advocate who is working with the Stop Psychotherapy Takeover organization (http://www.stoppsychotherapytakeover.ca).

Trueman Tuck, co-author of the award-winning book titled 'Death by Modern Medicine' with Dr. Dean, proved, using the pharmaceutical establishment's own North American records, that the number one cause of death in North America was in fact the pharmaceutical Health Care system itself. Mr. Tuck states: 'The equivalent of seven jumbo jets a day full of passengers are dying as a direct result of errors in the pharmaceutical health care system and are largely preventable deaths.' [See Exhibit 3].

The Death by Modern Medicine book proves the dismal failure of the most heavily regulated health professions, in the most heavily regulated health care facilities, using the most heavily regulated devices, procedures and products, to ensure full and proper adherence to the safeguards in place to protect human health.

If the regulation of risky treatments in health care facilities is ineffective, there can be no reason for the regulation of safe, traditional therapies and remedies or for interfering with the public's right to decide for themselves what is safe and effective. This is especially true when no risk to human health from these products and services has been demonstrated by the petitioner of these legislative amendments.

Please review these issues and provide me with written confirmation that you will meet with Mr. Tuck and I to further discuss these matters and/or contact Mr. Tuck directly either by phone at 1-888-611-5243, or by fax at 1-613-968-3215, and/or by e-mail - Trueman@tucksparalegalservices.ca .

I thank you for your consideration and look forward to your written response at your earliest opportunity.

Sincerely, your constituent,

cc. Trueman Tuck, Tel: 1-888-611-5243
email: trueman@tucksparalegalservices.ca

Exhibit index:

Exhibit Document Description
1 The Role of Complementary and Alternative Medicine

http://www.attorneyinfact.ca/files
/Prince%20Charles%20-%20The%20Role%20of%20Complementary%20and%20Alternative%20medicine%20in%20the%20NHS.pdf

2 Dietary Supplement Health and Education Act
http://www.attorneyinfact.ca/files
/Dietary%20Supplement%20Health%20and%20Education%20Act%20of%201994.pdf

3 Death by Modern Medicine

http://www.attorneyinfact.ca/files/Exhibit_E_.pdf

brenda.dowell@aol.com
Brenda Dowell
427 Tower Heights Drive

Port Stanley, Ontario
N5L1G3

19/02/2015 5:17 PM

Subject: Practitioner Request for Help to Stop Psychotherapy Takeover of Treatments in Ontario
From: admin@stoppsychotherapytakeover.ca
Date: 2/19/2015 4:01 PM
To: itadmin@tucksprofessionalservices.com

Dear .....

Re: Practitioner request for your assistance to Stop the Psychotherapy Takeover via the three legislative amendments described below.

I am a self-employed, traditional and holistic health care professional operating my business in your riding and am very concerned about the negative legal and financial impact to my livelihood that three legislative amendments that are currently awaiting Proclamation will have.

As a successful practitioner of traditional, holistic, energy and spiritual care, I have offered my clients humane, dignified, safe and effective treatments for their bumps and bruises of life that THEY request. Every one of my clients was aware of the availability of the services of psychiatrists, psychotherapists and psychologists, but they freely chose my services.

The following three amendments were embedded in Omnibus Bills 171 and 179, which were given Royal Assent on June 4, 2007 and December 15, 2009, respectively. These Bills affected many Acts, but as can be seen from the MPP discussion comments at the time, there was no public consultation or time allowed to research and review these three legislative amendments affecting the Registered Health Professions Act (RHPA), the Psychology Act and the Psychotherapy Act:

[1] Registered Health Professions Act, 1991, Section 27(2) creates the controlled act of psychotherapy.

[2] Psychology Act, 1991, Section 4 restricts the use of hundreds of traditional, holistic and spiritual care approaches to treatment and wellness, including dietary supplements, vitamin therapy, coping skills training and meditation, to registered psychotherapists, psychiatrists and psychologists.

[3] Psychotherapy Act, 2007, Section 3 & 4 also restricts the use of hundreds of natural, traditional and spiritual care approaches to treatment and wellness to registered psychotherapists, psychiatrists and psychologists.

There are in Ontario, some ten thousand traditional, holistic, spiritual care practitioners who are negatively affected by these three legislative amendments. The result of implementing these three amendments would be to give psychotherapists, psychiatrists, psychologists and pharmaceutical drug companies a monopoly by making unlawful their competitors' traditional trade and commerce activities.

In the UK, USA and Canada, modern pharmaceutical interests have routinely attempted to marginalize, discredit, restrict and exterminate their primary non-pharmaceutical competitors in the health care field. The three above-noted amendments were influenced by the drug companies already involved with the new College of Registered Psychotherapists. There has been a similar pattern in the USA.

Since those treatments provided by psychologists and psychiatrists are already controlled under the RHPA and since 'psychotherapy' is not and never has been a profession, but rather a psychological intervention only, it is very clear that this legislation was designed to 'create' a new profession that could then set about appropriating all manner of treatment and counseling in order to monopolize

and control this sector of the health care system through unjust and against-public-interest regulation.

I understand that at least the Psychotherapy Act amendments have been set down for proclamation on April 1st, 2015 and thus the matter is urgent.

Together, these three amendments once proclaimed, would unjustifiably end free-choice in health care treatments for a wide range of human health challenges allowing psychologists, psychiatrists, psychotherapists and drug companies to expand their market control of the mental health component of health care, even though their existing conventional pharmaceutical treatments are proving statistically not to be cost effective, safe or effective.

An estimated 10,000 traditional, holistic and spiritual care practitioners in Ontario will be deprived of their livelihoods on the false pretenses of protecting the public from a non-existent harm.

The shift of costs to the Ontario health care budget will be significant, as currently the individuals choosing non-pharmaceutical options are paying out-of-pocket for these treatments. This shift will cause increased deaths and adverse reactions and violations of the constitutional rights and freedoms of millions of Ontario citizens.

No doubt you are well aware that recent polls and studies indicate that Canadian citizens now spend an estimated $12-14 Billion annually out-of-their own pocket for NON-pharmaceutical health care treatments, with the vast majority of these billions of dollars being spent in Ontario. This is a huge testimonial to the fact that traditional non-pharmaceutical practitioners must be protected from interference by pharmaceutical-based treatment groups.

Given the escalating public health care costs and financial pressures on the Ontario government, both the act of repealing of these three Amendments and the creation in their place of appropriate new legislation to protect non-pharmaceutical treatments and remedies, would be a win-win situation for your constituent practitioners and individual consumers who rely on their constitutional rights of INFORMED FREEDOM OF CHOICE IN HEALTH CARE to stay healthy.

Not only do I need you to ensure that the above Amendments are repealed, but also that appropriate legislative amendments are added to the RHPA to ensure that all traditional, holistic, energy and spiritual care treatments and providers of those treatments remain free of scrutiny and interference by the pharmaceutical-based practitioner groups such as psychologists, psychiatrists and psychotherapists.

I have a constitutionally-protected right of Informed Freedom of Choice in Health Care, as well as the constitutional right to earn my livelihood in any province I wish without interference.

If these amendments are proclaimed, Ontarians would be put through costly court-challenges and the unnecessary distress involved in protecting their health from risk associated with loss of freedoms and their existing safer choices.

It is equally important to note that our traditional natural remedies and treatments are not alternative or complimentary, but are traditional and primary for the majority of the world's population since the beginning of human recorded existence!

The terms 'alternative' and 'complimentary' were concocted by the medical/pharmaceutical cartel specifically to indoctrinate the North American population, including elected officials responsible for creating the laws, to believe that traditional and holistic treatments are 'new' when in fact, it is the western medical/drug/ pharmaceutical system that is the new 'fad'. The use of these terms by modern pharmaceutical-based medical professionals is entirely

unacceptable and the implication that traditional and holistic approaches are 'risky' and that the public needs protection is deliberately created misinformation.

Attached as Exhibit 1 is a Risk of Death in Canada analysis that clearly indicates that pharmaceutical drugs and related health care approaches are some 20,000 times more likely to cause death than Traditional Natural Approaches.

My spokesperson on these issues is Mr. Trueman Tuck, of Tuck's Paralegal Services in Belleville, Ontario. Trueman is a long time INFORMED FREEDOM OF CHOICE human rights advocate who is working with our Stop Psychotherapy Takeover (http://www.stoppsychotherapytakeover.ca/) organization.

Mr. Tuck co-authored with Dr. Dean, an award winning book titled 'Death by Modern Medicine', which proved, using the pharmaceutical establishment's own North American records, that the number one cause of death in North America was in fact the pharmaceutical Health Care system itself. A quote from the book puts everything into perspective: 'The equivalent of seven jumbo jets a day full of passengers are dying as a direct result of errors in the pharmaceutical health care system, which are largely preventable.' [See Exhibit 2].

I fully support the efforts of the Stop Psychotherapy Takeover team and Mr. Tuck to have these three legislative amendments repealed and to be replaced by new and appropriate legislative amendments that will protect our rights of choice in health care and livelihood. For details please go to www.StopPsychotherapyTakeover.ca . This site contains the vital statistical evidence that should give you a powerful insight into just how economically, legally and ethically important this matter of the psychotherapy takeover of all treatment and counseling in Ontario is.

Please review these issues and provide me with written confirmation that you will meet with Mr. Tuck and I to further discuss these matters and/or contact Mr. Trueman Tuck directly either by phone at 1-888-611-5243, or by fax at 1-613-968-3215, and/or by e-mail Trueman@tucksparalegalservices.ca.

I thank you for your consideration and look forward to your earliest possible response and opportunity to meet.

Sincerely, your constituent,

Exhibit index:

Exhibit	Document Description
1	http://www.attorneyinfact.ca/files/Relative_risk_Boeing_747.PDF
2	http://www.attorneyinfact.ca/files/Exhibit_E_.pdf

williamclose2@gmail.com
William Close
207-30 Wilson St.
polarity and cranio sacral therapist
Markham, Ontario
L3P1N1

19/02/2015 4:01 PM

EXHIBIT 12

Tuck's Paralegal Services o/b Trueman Tuck
Office: Bldg. 1, Suite 4, 6835 Highway 62 North, Belleville, Ontario, Canada K8N 4Z5
Mailing: P.O. Box 160, Foxboro, Ontario Canada K0K 2B0
Tel: 613-968-3007 Toll-free: 1- 888-611-5243
Fax: 613-968-3215 Fax-free: 1- 888-872-7035
www.tucksparalegalservices.ca www.theparalegallitigator.com
Trueman@tucksparalegalservices.ca

A full service, Ontario wide Paralegal Legal Services Firm getting results for our clients since 1995!

URGENT – PERSONAL ATTENTION OF HON DR. ERIC HOSKINS

Delivered by Courier
And emailed to: ehoskins.mpp.co@liberal.ola.org and all MPPs

February 2, 2015

Tel: (416) 656-0943

Page(s): 4 plus 6 Exhibits

Hon Dr. Eric Hoskins, MPP
Minister of Health and Long Term Care
803 St. Clair Ave West
Toronto, Ontario M6C 1B9

Dear Hon Dr. Eric Hoskins,

Re: Urgent request for further postponement of the proclamation of the amendments to *RHPA, Psychology Act* and *Psychotherapy Act* for six months while the issues are discussed with all affected Health Practitioners and the affected public to allow resolution of the interpractice conflicts with the new amendments

I have been retained by concerned self-employed non-pharmaceutical-based Health Care Professionals and consumers who depend on Traditional Natural Health Care approaches as their primary health care system.

My clients are concerned that their constitutionally guaranteed rights of *INFORMED FREEDOM OF CHOICE* both in health care treatments and self-employed trade and commerce careers are being violated by the above-noted undemocratic and against-public-interest legislative amendments.

If your government permits implementation of these three flawed amendments, it is my clients' position that your government will not only become responsible for causing harm to the health and well-being of Ontario citizens, but there will be increased deaths from pharmaceutical drugs/medicines as vulnerable individuals are denied access to safer natural remedies and treatment options.

You and your government need to be aware that these same medical/pharmaceutical cartel schemes were attempted in the UK and failed. Please see **Exhibit 1,** being a letter from Terence Watts, MCGI dated April 28, 2014, explaining how absurd it is to create a situation where hypnotherapists are regulated by psychotherapists. His statements are extremely relevant since he is a highly regarded psychotherapist and hypnotherapist worldwide.

Also, for your convenience, attached as **Exhibit 2,** is the Fraser Institute Study on these related regulatory issues dated September 2009, authored by Cynthia Ramsay.

There is serious misinformation being circulated relating to these three amendments. There are claims being made that you and your staff have assured non-pharmaceutical health care providers and select organizations that the three above-noted amendments will have no impact on the current trade and commerce activities of thousands of non-pharmaceutical regulated and unregulated self-employed health care professions in Ontario. This is obviously not the case since their treatments are now 'controlled acts'!

I have spent decades defending Dr. J. Krop and supporting M. Kwinter's 2000 legislative initiative designed to prevent harassment of medical doctors while encouraging full and equal access to both pharmaceutical and traditional natural health care approaches. The initiative also successfully dealt with pharmaceutical cartel restraint of trade and commerce across this country and internationally, including with Health Canada.

I was successful in convincing the Federal Minister of Health to intervene and to stop Health Canada staff from intercepting lawful import shipments of natural remedies in the past, but not in time to prevent needless deaths and disability. It is my belief that you and your staff could find yourselves in the same situation if you insist on forcing people to accept electroshock, chemical lobotomy and harmful diagnoses that cannot be supported by scientific fact, instead of continuing their current safe, freely-chosen and effective natural remedies and treatments.

Psychiatric treatments are already controlled under the *Psychiatry Act.* Further regulation of psychiatric treatments under a new 'controlled act of psychotherapy' is unnecessary. There is no justification for permitting the appropriation by psychologists of natural treatments and remedies and the subsequent pooling of these with dangerous psychiatric approaches, which then facilitates a false claim that a new controlled act is necessary to 'protect the public'.

I coauthored an award winning book called *Death by Modern Medicine* a number of years ago that proved, using medical records, that there was at least the equivalent of seven [7] jumbo jets per day full of passengers dying needlessly in North America as a direct result of the pharmaceutical health care system's mishandling of their activities [See **Exhibits 3 & 4**].

I have a very important legal, duty-of-care question for you. Have you personally undertaken your own legal due diligence review of the documentation pertaining to the specific social evil the three above-noted legislative amendments were purportedly designed to protect the public from? If so, could you please forward a copy to the undersigned immediately so that I may understand the pith and substance these legislative amendments were intended to address.

According to the Orthomolecular Association, Dietary Food Supplements are one area of Traditional Natural Remedies, as an example, that produces *zero deaths* in a year. **Exhibit 5** attached provides a comparison of the proportionate risk of death in Canada from all causes. Note that pharmaceutical products are over 20,000 times more likely to cause death than Dietary Food Supplements.

It is my understanding that you and your staff are well aware that the three above-noted amendments had not been properly circulated to the affected legal entities before the Omnibus Bill they were embedded in underwent a 3rd reading and Royal Assent. I further understand that this fact was raised by concerned MPPs at the time the legislation was being processed.

As Ontario citizens, my clients are extremely concerned that their wealthy and powerful competitors are permitted by their government to use this type of legislative sneak attack to interfere with the free market provision of health care services by self-employed professionals in Ontario.

Attached is my letter dated January 23, 2015 requesting that the Hon. Naqvi, Government House Leader immediately intervene and NOT ALLOW the above-noted three competitor-created amendments given Royal Assent in Omnibus Bills 171 and 179 in 2007 and 2009, respectively, to be proclaimed into Ontario law [See **Exhibit 6**].

Please see details of my client's' concerns at the website http://www.stoppsychotherapytakeover.ca. Please also note that at the website http://tinyurl.com/qxwczo2 there are already over 6,600 signed petitions supporting our request that these three ill-conceived competitor-created legislative amendments not be implemented into law.

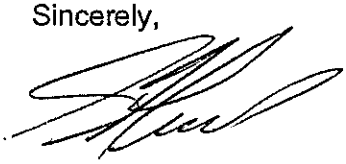
We have only been retained recently and are conducting a thorough investigation into the origins of these three legislative amendments and what potential Provincial and Federal Statutes may be applicable for criminal and/or civil interventions should the postponement that we have requested be refused or ignored.

Could you please advise whether business impact studies were conducted?

We are also immediately filing a Freedom of Information Request.

As we collect the information and determine the consensus of the affected regulated and unregulated health care professionals we will provide your office with a detailed brief and proposal.

Sincerely,



Trueman Tuck
Lobbyist, Regulatory Consultant
& Paralegal Litigator

Copy to All MPPs by e-mail and cover by fax

Exhibit	Document Description
1	Letter from Terence Watts, MCGI dated April 28, 2014
2	Fraser Institute Study authored by Cynthia Ramsay, dated September 2009
3	*Death by Modern Medicine* Outline
4	Jumbo Jet Study Results
5	Orthomolecular Association Article titled "No Deaths from ANY Dietary Supplement" by Andrew W. Saul; Editor dated January 16, 2015
6	Letter to The Hon. Naqvi, Government House Leader from T. Tuck dated January 23, 2015

EXHIBIT 13

GREEN AND ASSOCIATES LAW OFFICES

712-170 Laurier Avenue West
Ottawa, Ontario, K1P 5V5

Terrance Green, Barrister and Solicitor Tel: 613-560-6565 Fax: 613-560-0545 Email: tjgreen@bellnet.ca

Dear Ms. Alice Creighton:

RE: Letter of Joyce Rowlands, Transitional Council of the College of Registered Psychotherapists, June 27, 2014

This letter is in response to criticisms of my communications with practitioners of alternative treatments for human disturbances by Ms. Rowlands. Please see details in Appendix 1, 2 and 3, which demonstrate that not only is my information correct, but that the legislation is more harmful to holistic/spiritual practitioners and the public interest than at first realized.

Appendix 1 provides 22 facts about just how undemocratic and damaging this legislation is to the lives of the citizens of Ontario, especially of those practitioners of non-conventional treatments, such as spiritual counseling, that have proven to be safe, effective and has been the preference of Ontarians for decades. As you will learn, statistics show that of the modalities of treatment available to the public, the least likely to be effective are psychology/psychotherapy[1(c)(d)].

Appendix 2 provides a breakdown of the legislation that sets out to provide the undefined treatment called psychotherapy, a control over all assessment and treatment of human disturbances. Thus giving the false impression that the undefined and unproven treatments of psychotherapists for serious human conditions are superior to holistic, time-proven, safe therapies when they are not remotely so.

Appendix 3 reviews the contents of Ms. Rowland's letter, which makes clear the College's intent to interpret the meaning of this vaguely-worded legislation at will and to impose severe restrictions on therapy, including spiritual and energy healing that have been around for, in some cases, over a century.
In fact, Ms. Rowland's statements, taken together with the legislative wording discussed in Appendix 2, make it clear the purpose of the legislation is to:

(a) pool together under 'an act of psychotherapy' all successful alternative practices (per reports of an attendee at Legislative Assembly Committee discussions about 350 holistic, spiritual and alternative treatments available in Ontario);
(b) to end diversity in treatments;
(c) to establish as a 'profession' an unproven concept and install undefined, unproven techniques as 'treatment'[2];
(d) to force a modality of treatment on the public that is not reliable when used to treat those suffering 'serious' disturbances amongst their own professions[1(a)(b)]; and
(e) to violate the basic rights of citizens of Ontario to options and free choices in health care.

This legislation passed all readings because it is written in such an obfuscating manner that politicians could not possibly understand the distasteful agenda of this lobby group that seeks to monopolize all assessment and treatment of human disturbances.[3]

All stakeholders were not consulted because those who treat the mind, body and spirit through energetic, dietary and holistic means, are routinely discounted as quacks[4, 5], despite it being conventional treatments that are resulting in extreme levels of suicide and mental illness among members of their own professions[1].

Undoubtedly, the failure of conventional treatments to heal even those in their own professions were never shared with decision-makers, thus claims of openness and transparency are legitimately called into question. The Transitional Council of the College has not in any way, shape or form provided evidence to support their claims that holistic alternative approaches to assessment and treatment of all conditions are;

(a) ineffective,
(b) less effective than psychology or psychotherapy,
(c) harmful, or
(d) have caused any harm, death or increased risk of harm to any person who chooses such natural modalities.

The Transitional Council has not demonstrated through independent research that they are equipped with experience and knowledge to assess, critique and regulate, let alone define effective techniques, for alternative health providers. Consequently, there exists an ethical dilemma for psychotherapists addressed in various academic papers[4].

Countless alternative professions that assess and treat serious impairments empathically, including holistic practitioners, have done so safely, for decades without regulation of a lobby group[5,6,7,8]. Holistic therapies are well-defined with well-defined techniques desired by millions of people, thus standing the test of time, without coercion or oppression of other modalities of healing through unjust laws. They have passed down unchanged healing techniques from generation to generation.

Proponents of an undefined 'concept' cannot logically or ethically be placed in a position of replacing and/or imposing limits upon other professions that have not only defined professional criteria, but defined techniques recognized for decades.

It appears that the strategy is to promote the body, mind and spirit healing of serious conditions of the human, such as depression and schizophrenia, as quackery, despite the decades of proof that they work very well[7,8]. Since conventional treatments offered to their own mentally ill members result in twice the incidence of suicide of that in the general population, it can only be immoral to force the public into the same unsuccessful outcomes by eliminating safe health care options through unconstitutional legislation.

All future allegations by the College will be based on nothing more than the opinion of persons fundamentally in a conflict of interest. Everyone will live under the threat of being a target of a member of the College who might resent them attracting clients they want for their own practices. This includes spiritual counselors, hypnotherapists, natural nutritionists and others who excel at treating all severities of depression, ADHD, fears and anxiety with safe, effective holistic empathic and dietary treatments.

In fact, the term psychotherapy is so general that a psychiatric service dog could be accused of providing assessment and treatment of a disorder of thought and behavior when the dog assesses that his PTSD-suffering owner is becoming panic-stricken and effectively treats them by distracting and otherwise engaging the owner until he/she calms down.

While forcing alternative practitioners to abandon their own professional training and proven therapeutic approaches to conform to the College's opinion, regulations and demands,[1,9] the College will be free of ever having to scientifically prove that their training requirements in fact have any relevancy to successful treatment of serious conditions of any kind, most especially of the psycho-spiritual variety. The College will be in a position to control the prevailing narrative and to continue to withhold from the public that they have no scientific proof for their claims of effectiveness[2].

Gestalt Therapy, one of their 'training requirements' is a *psychological* intervention lacking scientific proof that is it more effective than other modalities, such as hypnotherapy and addictions counseling, for the treatment of serious disturbances. The very fact that the College of Psychotherapy is relying on this therapy as a requirement for registration indicates that psychotherapy is merely a conceptual branch of psychology and its activities are more properly regulated under the *Psychology Act*.

It is imperative that:

(a) holistic alternative assessments and treatments (including energetic, hypnotic, dietary and spiritual) for any disorder of thought, cognition, mood, emotional regulation, perception or memory that may or may not seriously impair the individual's judgement, insight, behaviour, communication or social functioning be entirely separated in language and intent from psychology, psychotherapy and psychiatry, and

(b) in order to prevent the targeting for elimination and harassment by lobby groups in competition with holistic alternative practitioners that include spiritual counselors, clergy, hypnotherapists and energy healers of all kinds, clear exceptions be installed in all health care legislation.

We intend to prove that allowing an undefined lobby group to economically, psychologically, mentally and legally threaten the well being of effective, vibrant, healthy Ontario alternative holistic practitioners is dangerous to the population as a whole.

The job of the College should be to build their psychotherapy profession, not by eliminating competition, but by proving to the public they are not just blind adherents to theories. To date they are unable to prevent massive mental illness and suicide rates amongst its own advocates. It is not appropriate, ethical or moral for a lobby group to be given powers to harm others through vaguely-worded legislative amendments such as now found in the *Psychotherapy Act*, the *Psychology Act* and the *RHPA*.

There is an obvious and severe conflict of interest present in any situation where a lobby group manipulates law, including the *Registered Health Professions Act*, the *Psychotherapy Act* and the *Psychology Act* to negatively affect millions just to advance their personal agendas against groups and professionals they regard as 'competition'. This must and will be challenged to the highest courts if need be.

Sincerely,
GREEN AND ASSOCIATES

Terrance J. Green

Attachments: Appendix 1, 2 and 3
References

References:

1. Articles: (a) Medscape: Physicians are not Invincible: Rates of Psychosocial Problems Among Physicians: http://www.medscape.com/viewarticle/410643_2

   (b) Psychology Today: Why Shrinks Have Problems:

   http://www.psychologytoday.com/articles/200909/why-shrinks-have-problems

   (c) Study by Alfred A. Barrios, PhD. published in American Health Magazine (1969);

   (d) An updated study "Hypnotherapy: A Reappraisal" by Alfred A. Barrios, Ph.D. published in Psychotherapy: Theory, Research and Practice (Spring, 1970) clearly points out – Hypnosis is more effective and works more quickly than traditional talk-therapy or psychoanalysis. https://www.trancesolutions.com/free-hypnosis-downloads/Hypnotherapy-%20A%20Reappraisal,%20By%20Alfred%20A%20Barrios%20PhD.pdf

2. Allen, David M. Allen, M.D., Dec 24, 2012 Scientifically-valid therapy outcome studies are devilishly difficult to design Published in Psychology Today: A Matter of Personality http://www.psychologytoday.com/blog/matter-personality/201212/why-psychotherapy-efficacy-studies-are-nearly-impossible

3. E-mail letter dated June 11, 2014, authored by Vice-President of the Canadian Reiki Association, Alice Creighton to Transitional Council College of Registered Psychotherapists of Ontario

4. Plante, Thomas G., Santa Clara University: Integrating Spirituality and Psychotherapy:Ethical Issues and Principles to Consider http://www.psychologytoday.com/files/attachments/34033/jcparticle.pdf;

5. Barrios, A.A., Psychotherapy Magazine, Volume 7, Number #1

6. Barrios, Alfred A. Ph.D. Psychotherapy: Theory, Research and Practice (Spring, 1970) "Hypnotherapy: A Reappraisal" – Hypnosis is more effective and works more quickly than traditional talk-therapy or psychoanalysis. https://www.trancesolutions.com/free-hypnosis-downloads/Hypnotherapy-20A%20Reappraisal,%20By%20Alfred%20A%20Barrios%20PhD.pdf

7. Hartman, MSW, Abstract, Journal of Heart-Centered Therapies, 2010, Vol. 13, No. 1, pp. 3-142: Hypnosis & Hypnotherapy Citations

8. Cochrane Database System Review, Oct 17, CD004160, Hypnosis for Schizophrenia http://www.ncbi.nlm.nih.gov/pubmed/17943812

9. E-mail letter dated June 27, 2014, authored by Joyce Rowlands, Registrar, Transitional Council, College of Registered Psychotherapists of Ontario, referencing spiritual counseling and requirement to become a Spiritual Psychotherapist.

APPENDIX 1

22 FACTS ABOUT THE LEGISLATION TO EMPOWER TAKEOVER OF ASSESSMENTS AND TREATMENTS BY PSYCHOTHERAPISTS

1. 'Psychotherapy' is undefined[1] and therefore is not a 'profession' nor a treatment, but a 'concept' advanced by the same psychologists whose own profession in fact relies entirely on hundreds of ever-changing unproven theories. The 'act of psychotherapy' therefore is an act of something that exists only as opinion and cannot be defined for the masses;

2. 'Psychotherapeutic techniques' are not[2] and cannot be defined because they are no more than opinions of the individual practitioner or promoter of the theory;

3. Proponents of this undefined concept they call 'psychotherapy', seek to legitimize 'opinions' as effective assessment and treatment. Psychotherapy is recognized to be a 'general term' only, referring to psychological interventions[3]. There is no reason for psychotherapy to not be regulated by the already established *Psychology Act 1991*[4], but here again in the *Psychology Act*, the entire range of human disturbances are referred to as being treated by 'psychotherapeutic means'[4], although the terms, serious, impairment, and psychotherapeutic means are not defined. By folding into the concept of 'psychotherapy' in both the *Psychotherapy Act* and *Psychology Act*, the entire field of alternative holistic treatments, which involves mind, body and spirit healing that have nothing to do with psychotherapy and psychology/psychologists can then eliminate by regulation and prohibition all successful non-psychological competition to conventional treatments, including spiritual and energetic approaches;

4. **The act of assessment and treatment is an 'act of assessing and treating', not an act of psychotherapy. Psychotherapy is only one of countless approaches to assessment and treatment of human disturbances. The most that the Transitional Council can possibly claim is that the act of assessing and treating is 'an act of something indefinable' in both the *Psychology Act* and *Psychotherapy Act*;**

5. Charter of Rights and Freedoms Sections 2 and 7 have ensured the freedom of choice for all Canadians. By letting one lobby group decide for others what may or may not be a disorder or impairment and that only psychotherapy or psychiatry is appropriate assessment and treatment of that condition violates every spirit of the law there to protect us all, especially when there is a complete absence of scientific evidence to support this legislation as being in the public good;

6. Psychotherapy/psychology has yet to provide evidence to suggest that their methods, even if defined, are effective in treating the disturbances of human life, let alone serious conditions and disorders of emotional, thinking, reasoning, mental and all other areas of life. If they cannot scientifically prove the superiority of their undefined techniques, they should not be permitted to eliminate those practices that can show

their treatments to be effective and in many cases superior to psychotherapy and psychological intervention through the use of undefined terms;

7. Citizens of Ontario who choose alternative holistic treatments do so of their own free-will and pay-out-of pocket for the services. Those who are not effective naturally do not survive. Holistic practitioners do not conduct themselves in a manner that would suggest their practice is psychotherapy or psychological. In fact the distinctions are clear to the public;

8. There is no scientific support for the claim that a Masters degree or the required equivalent, such as 'spiritual psychotherapy training' is a factor in the healing of the human condition. If a Masters degree is irrelevant to healing, then so too would be its substitutions, such as the courses for the newly fabricated 'spiritual psychotherapy' profession[5];

According to reports from those who were in attendance at some deliberations on this matter, The Ministry of Health itself called the requirement for a Master's degree '*creeping credentialism*', which spurred the Council to create even more irrelevant criteria for registration that does nothing to eliminate this undemocratic and unnecessary encroachment on alternative modalities of healing. An example of accepted training as a spiritual psychotherapist (a newly-fabricated profession) is that to be taken at the Transformational Arts College of Spiritual and Holistic Training[6], founded and directed by psychotherapists. The Transformational Arts College has embedded the new profession of 'spiritual psychotherapy' in its schedule and writings amongst a number of legitimate professions such as Reiki, in order to surround itself with the trappings of legitimacy and this will pass as 'expertise' in the field of spiritual and holistic healing;

9. A lobby group who cannot define what they are and what they do exactly, has decided they should now be permitted to limit the scope of spiritual counseling to administrative duties only, when throughout history, spiritual counseling, like hypnotherapy, has assessed and treated all degrees of severity of disturbances of the human condition quite successfully[7];

10. While Ms. Rowland's letter claims they 'respect diversity', the psychologists/psychotherapists behind these encroachments limit all diverse forms of assessment and treatment, by both arbitrarily defining what acceptable treatments are and by their entry criteria for 'psychotherapists'. This is seen in the changes made to the *Psychology Act*, the *Psychotherapy Act* and the *RHPA* wording. In fact all assessment and treatment of the human condition come under the headings of either an act of psychotherapy or an act of psychology;

11. The mission of the Council and College is supposedly to develop standards and procedures to regulate *psychotherapists* in the public interest[8]; yet above this statement they also claim that psychotherapy is not definable. We can all only guess at what 'protection' the public needs that can only be provided by this lobby group and how

standards and procedures can possibly be developed for something they cannot define. They claim problems and risks exist amongst psychotherapists; however, they do not exist amongst alternative practitioners and therefore all treatment approaches should not be lumped together;

12. The College can appropriate any technique they wish from other more effective modalities of healing because they don't have to define their 'techniques'. This is seen where they have now limited the practice of spiritual counseling to a point where it is virtually an 'administrative function' only[9]. The rest of the work of a spiritual counselor in helping to resolve all conditions, including serious conditions, are now called psychotherapy. 'Spiritual psychotherapy', the term for a newly manufactured 'profession', is a lawful act only if the spiritual counselor is trained in undefined psychotherapeutic techniques by a Transformational Arts College founded by psychotherapists, as though psychotherapists/psychologists are suddenly the experts in spiritual, energetic and holistic healing, despite having claimed for decades it is merely quackery. Until now, spiritual counseling, unlike the psychotherapy, has been sought and used by the public for centuries. Already, other modalities such as hypnotherapists are having their effective hypnosis techniques appropriated by psychologists/psychotherapists;

13. The legislation *does not* define the Act of psychotherapy by the 'seriousness' as claimed in Ms. Rowland's June 27th, 2014 letter response to the Reiki Association and again cannot logically do so because psychotherapy is not defined. The meaning of serious and impaired is entirely subjective in *all* situations. **This claim of 'seriousness' defining the act of psychotherapy is nothing more than attempting to justify the subjective and unwarranted effort of a lobby group to decide for other human beings what is normal, impaired, serious and therapy;**

14. Any mental illness issue, which now includes virtually every human condition including shyness, anger, stuttering, being born and aging and psycho-spiritual hardship, is considered serious by virtue of the fact they too have been given psychiatric names. Naturally the College will claim that equally unscientifically supported psychiatric diagnoses for each of these normal and common human conditions is proof they are 'serious'[10];

Let us not forget that ADHD is not scientifically supported as existing[11]. ADHD is recognized to be a psychiatric judgment only, and a serious disorder. Let us also not forget that newborns are drugged at birth for 'anxiety' with brain-damaging psychiatric drugs, on the opinion of doctors, even though there is no scientific test to validate such an opinion. Most cases of even severe ADHD and anxiety can be resolved permanently with hypnotherapy and lifestyle/dietary changes, which will now be prohibited;

15. Psychologists, who are the professionals operating this new College of Psychotherapy are also lobbying for drug prescribing privileges and taken together with the rate of suicide, depression and substance abuse issues among the conventional therapists and doctors, the chance that an innocent client looking for mind, body, spirit

healing is going to get appropriate, healthy, useful information is significantly diminished;

16. Statistics show that physicians are more than twice as likely as the general population to kill themselves and that psychiatrists commit suicide at a rate twice that of general physicians. Studies show that 1 in 4 psychologists consider suicide at least once and 1 in 16 have attempted suicide at least once. In fact, the familiar names in psychotherapy, Freud and Jung among them, had serious mental issues resulting in suicide, yet they are still today defining 'normal' for the rest of us through psychologists and now psychiatrists.[12(a)(b)];

17. **Studies have shown that of the physicians who committed suicide, 42% had been seeing a conventional mental health professional at the time of death, highlighting the fact that removing safe, effective, dignified, empathic holistic therapies from the pallet of health care choices for the troubled client is seriously unwise and unjust** [12(a)(b)]. In addition, the rates of addictions, depression, divorce and substance abuse are higher for conventional health care professions then the general population, even more reason to suggest that psychotherapists are not well equipped to dictate to others what normal, serious and appropriate assessment and treatment should be;

18. The theory that 'wounded healers' and therefore psychologists, psychiatrists, and those who call themselves psychotherapists are better at healing other wounded is not borne out by the facts[12(a)(b)]. What is borne out is that psychologically and spiritually healthy people can teach others how to become healthy and well-balanced far more effectively and people by the millions are coming to this conclusion and should not be prohibited their choice of treatment by a lobby group;

19. The Transitional Council is a psychologist lobby group that seeks to eliminate clearly defined and well-established alternative holistic professions by promoting obscure concepts and indescribable techniques as legitimate health care and by imposing extremely restrictive regulations and control through the use of vague terms, subjective concepts, opinions based on the opinions of other opinions advanced by themselves despite their theories being often discredited by science. This is seen in the amended legislative wording in the *Psychology Act* and the *Psychotherapy Act*;

20. With regards to the programs the Transitional Council feels other alternative professionals can take to measure up to their conceptual, indefinable and truly irrelevant requirements, there is no independent scientific evidence that psychotherapy, even if they could/would define itself or its techniques, are effective for any of the human conditions they are seeking to regulate. Entry-level training can only allow one to boast of being trained in undefined and unproven theories, such as 'spiritual psychotherapy', which is not recognized as a profession;

21. Some of the techniques used by psychotherapists are actually borrowed from other long-standing holistic professions that treat the same exact conditions

successfully that psychotherapists now claim their exclusive domain. An example is hypnotherapy and another is spiritual counseling;

22. The elimination of alternative treatments is harmful to the Ontario economy (clients will be forced to seek alternative treatments in Quebec or New York). Putting the health care choices of the public in the hands of one lobby group, that has influenced two sets of legislation (*Psychology Act* and *Psychotherapy Act*) is seriously hazardous to the seriously impaired who are most vulnerable to coercion and undefined and unproven techniques against their will.

References:

1. E-mail letter dated June 27, 2014, authored by Joyce Rowlands, Registrar, Transitional Council, College of Registered Psychotherapists of Ontario, referencing intent not to define psychotherapy.

2. E-mail letter dated June 27, 2014, authored by Joyce Rowlands, Registrar, Transitional Council, College of Registered Psychotherapists of Ontario, referencing intent not to define 'psychotherapeutic techniques'.

3. Wikipedia.org; Psychotherapy; reference to 'psychotherapy is a general term'

4. Psychology Act, 1991, Section 4 2. To treat, by means of psychotherapy technique delivered orally, insight, behaviour, communication or social functioning. 2007, c. 10, Sched. R, s. 18. http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91p36_e.htm.

5. Allen, David M; Allen, M.D., Dec 24, 2012 Scientifically-valid therapy outcome studies are devilishly difficult to design: Published in Psychology Today: A Matter of Personality. http://www.psychologytoday.com/blog/matter-personality/201212/why-psychotherapy-efficacy-studies-are-nearly-impossible;

6. Transformational Art College of Spiritual and Holistic Training www.transformationalarts.com.

7. E-mail letter dated June 27, 2014, authored by Joyce Rowlands, Registrar, Transitional Council, College of Registered Psychotherapists of Ontario, referencing counseling and spiritual counseling.

8. College of Psychotherapy website www.crpo.ca

9. E-mail letter dated June 27, 2014, authored by Joyce Rowlands, Registrar, Transitional Council, College of Registered Psychotherapists of Ontario, referencing counseling and spiritual counseling.

10. Breggin, P, Dr., Medication Madness, Toxic Psychiatry as well as CCHRint.org,Dr. Fred Baughman and many volumes of literature on the fact that mental illness is not supported by scientific research/fact.

11. Baughman, Fred, Dr., The ADHD Fraud

12. (a) Medscape; Physicians are not Invincible: Rates of Psychosocial Problems Among Physicians: http://www.medscape.com/viewarticle/410643_2.

(b) Psychology Today: Why Shrinks Have Problems: http://www.psychologytoday.com/articles/200909/why-shrinks-have-problems

APPENDIX 2

THE LEGLISATIVE WORDING AND ITS EFFECTS

While keeping in mind the facts in Appendix 1, let us now consider the laws that will allow this lobby group the final word in assessment and treatment of human conditions, and to engage in the prohibition, and prosecution of innocent, well-defined, effective, long-standing health care practitioners using subjective rules, regulations and mere opinion.

Bill 171 - Schedule R - *Psychotherapy Act, 2007* (the amendment to the *RHPA* advanced by psychologists and 'psychotherapists');

This amendment adds to the *RHPA (Registered Health Profession Act)* that "treatment, delivered through a therapeutic relationship, of an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning" is the new controlled act of psychotherapy and this is added to the existing list of 13 controlled acts within subsection 27(2) of the *RHPA*.

From the *RHPA*:

30. (1) No person, other than a member treating or advising within the scope of practice of his or her profession, shall treat or advise a person with respect to his or her health in circumstances in which it is reasonably foreseeable that serious bodily harm may result from the treatment or advice or from an omission from them. 1991, c. 18, s. 30 (1); 2007, c. 10, Sched. M, s. 6.

AND

(2) Subsection 27 (1) does not apply with respect to a communication made in the course of counselling about emotional, social, educational or spiritual matters as long as it is not a communication that a health profession Act authorizes members to make. 1991, c. 18, s. 29.

Thus, once the *Psychotherapy Act* becomes a controlled act, they will be deemed to be a health profession authorized to do the act of assessment and treatment of the entire range of issues listed. It is easy to say that practitioners can counsel, but then adding 'as long as it is not a communication that a health profession Act authorizes a member to make', changes everything and as you can see, includes educational or spiritual, social or emotional. That is everyone and everything human.

By virtue of the fact that this group seeks to not only ignore, but eliminate effective therapies by convincing politicians they are the only group that could possible help citizens with issues of human living, all alternative practitioners and clergy who have

been successfully treating serious conditions of human living for decades are automatically a target for malicious prosecution.

The effort of this group is not to protect the public who is choosing alternative holistic therapies precisely because they are more safe and effective, but to financially improve their businesses by eliminating the competition through truly oppressive, undemocratic laws.

From the ***Psychotherapy Act, 2007***, s. 3, 4, 10.

Scope of practice

3. The practice of psychotherapy is the assessment and treatment of cognitive, emotional or behavioural disturbances by psychotherapeutic means, delivered through a therapeutic relationship based primarily on verbal or non-verbal communication. 2007, c. 10, Sched. R, s. 3.

On one hand psychotherapy is not defined, but on the other, this general, undefined term is being referred to as a 'practice', presumably to give it an air of 'professionalism' it does not have on its own merits. This practice is now marketed and promoted as so all inclusive and effective that it should be given the power to harass and eventually eliminate other effective, safer, popular options; however, the marketing claims of these groups are not supported by the statistics that, as we've already shown, indicates these groups that seek to define 'normal' for everyone else are even able to effectively treat their own members.

Authorized Act

4. In the course of engaging in the practice of psychotherapy, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to treat, by means of psychotherapy technique delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning. (2007, c. 10, Sched. R, s. 4.)

Thus, by legislation, one is engaged in the controlled act of an undefined and subjective therapy called psychotherapy as soon as one engages in any assessment and treatment of any individual disturbance of humans by undefined means of any kind that are called psychotherapeutic techniques.

The very long all-inclusive list of conditions of all severities that are presently effectively treated by many well-defined alternative modalities comes under the monopoly control of those psychologists who promote this undefined concept of psychotherapy as a legitimate treatment without providing independent scientific evidence it offers more effective treatments than holistic alternative therapies. The words 'serious' and 'impairment' are not defined thereby giving this lobby group power to subjectively decide for others, without any scientific support whatever that their opinion should be the standard to be met in assessment and treatment of what is serious or impairment in another.

Also note the use of the word 'may', which means that any College regulator can deem any and every condition as one that 'may' be serious, again, deciding for others what normal is and removing from the public a right to determine for themselves what they need and want as assessment and treatment.. As already mentioned, there is no scientific evidence that psychotherapy is remotely the best approach for assessing and treating serious conditions of any kind, let alone the only treatment that should be available to the Ontario public.

APPENDIX 3

ANALYSIS OF STATEMENTS OF INTENT DATED JUNE 27/14 OF THE COLLEGE OF PSYCHOTHERAPY

The new definition the Council offers in the response to the Reiki Association, is one that we have not seen offered in the legislation: *"Please note that the controlled act of psychotherapy is defined in terms of the seriousness of the condition of the person being treated, not in terms of the particular technique used to treat the person".*

Nowhere does the legislation say the controlled act is defined in terms of the seriousness of the condition of the person, otherwise the legislation would have to define 'serious' and all the degrees of 'serious' and provide a calibrated tool for measurement that is reliable for every human.

As we've already seen, the College gets to define 'serious' and 'impairment' forever more and you can be certain that 'serious' will be defined with the same wide net used to define what they consider the act of an undefined practice named psychotherapy, even though there is no scientific proof that they are expert enough, except by their own self-assessment to decide for others what 'serious' is.

There is already the threat of court and the specter of legal costs to defend oneself against all the subjective opinions to ensure all ethical, long-established and safe practices are eliminated from competition.

Note this fact in their response. *"The College will not be defining the meaning of "serious disorder" or "seriously impair". We have been advised by legal counsel that it is not appropriate for us to define the meaning of legislation; eventually, this may be a matter before the courts. All of our members will be authorized to do the controlled act; only unregulated people will be prohibited from doing it. The latter will need to be sure they are not in breach of the legislation. We will not be regulating particular treatment techniques; rather we will be regulating members of the College. We will also have the power to take action against unregulated people who use a restricted title or abbreviation, hold themselves out as qualified to practice psychotherapy or engage in the controlled act, i.e. treat individuals who have serious disorders."*

Refer to the top of the statement where 'serious' is not defined and now go to the bottom of this statement and see that though it's not defined, the College will take legal action against those non-members of their College. While the College might lose in court, alternative practitioners will be paying legal fees to defend themselves against what amounts to an unnecessary court battle.

This legislation is encouraging and protecting a lobby group that is unable to prove their treatments are any more meritorious in the field of health care than that of the alternative, holistic, energy and spiritual practices they seek to eliminate.

Despite the Council claiming it is not their job to define 'serious', and it is not their role to prove they actually have the superior skills needed to decide for others what 'serious', 'impairment' and 'normal' mean, they do claim it their job to prohibit and prosecute based on their whim of the day.

In other words what they are saying is "just try and practice what we have now marked out as our territory, which is everything that could be found in the human condition, and we will take you to court and of course exhaust you financially and emotionally and make an example of you to others".

Looking at another important statement: *"All of our members will be authorized to do the controlled act; only unregulated people will be prohibited from doing it."* From doing what exactly, since psychotherapy is not defined and how exactly, since psychotherapeutic techniques are also not defined?

Thus, the 'act of psychotherapy' is all encompassing and no one can do anything that remotely looks like they are assessing and treating the long list of issues the College wishes to monopolize, which is all things human and common, without fear of being charged and then having to defend themselves to find out what 'serious' means. Serious means anything they wish it to mean to serve their agenda, until and unless a practitioner is willing to confront their unsubstantiated opinions in court at great expense.

To draw your attention to another one of their statements: *"We will also have the power to take action against unregulated people who use a restricted title or abbreviation, hold themselves out as qualified to practice psychotherapy or engage in the controlled act, i.e. treat individuals who have serious disorders."* While they can't define what you are being charged with exactly because they have not defined 'serious' and 'impaired', or even psychotherapy, they can charge you anyway and see what sticks. How can one truly know if they are unlawfully holding themselves out as qualified to practice psychotherapy when 'psychotherapy' is not defined and when holistic practitioners and spiritual and energy workers know for a fact that holistic treatments do not share psychotherapy approaches, whatever they are.

Note the dire warning about their view of spiritual counseling and other counseling such as marriage and addictions: *"Limited forms of counselling, e.g. providing advice, instruction, information, support, referral, etc., are not regulated, and are specifically exempted under the Regulated Health Professions Act (RHPA), as is spiritual counseling. Some spiritual counselors with extensive additional training in psychotherapy (sometimes known as "spiritual care therapists") will seek registration with the College, and will be registered if they meet registration requirements – the same as any other applicant."*

Referring back to the *RHPA* section 30(2) you will see that the practice of spiritual counseling is now extremely limited and reduced to an administrative task. There is no evidence to suggest that an undefined group headed by psychologists have the

knowledge and wisdom or even the right to decide for others what is spiritual and what counseling is appropriate for the individual, who after all, is guaranteed free choice by law.