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**Official Report
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Wednesday 9 March 2005

**Journal
des débats
(Hansard)**

Mercredi 9 mars 2005

**Standing committee on
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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE ON
JUSTICE POLICY**

**COMITÉ PERMANENT
DE LA JUSTICE**

Wednesday 9 March 2005

Mercredi 9 mars 2005

The committee met at 1034 in room 228.

**MANDATORY GUNSHOT WOUNDS
REPORTING ACT, 2005**

**LOI DE 2005 SUR LA DÉCLARATION
OBLIGATOIRE DES BLESSURES
PAR BALLE**

Consideration of Bill 110, An Act to require the disclosure of information to police respecting persons being treated for gunshot wounds / Projet de loi 110, Loi exigeant la divulgation à la police de renseignements en ce qui concerne les personnes traitées pour blessure par balle.

The Chair (Mr. Shafiq Qadri): Ladies and gentlemen, members of the committee, welcome to the standing committee on justice policy. We're deliberating today, as you know, on Bill 110, An Act to require the disclosure of information to police respecting persons being treated for gunshot wounds. I'd like to just outline for the committee that a copy of the amendments that were received by the clerk as of yesterday's 4 p.m. administrative deadline has been distributed, and we'll be considering those amendments in the number and the order in which they were received.

For the members of the committee, I'd like to welcome and point out to you legislative counsel, Ms. Susan Klein, who will be here to assist us with clause-by-clause consideration.

I now put questions to the members. We begin with item-by-item consideration. Are there are comments, questions or amendments to any section of the bill and, if so, to which section?

Mr. Peter Kormos (Niagara Centre): I'm not going to be lengthy. I want to thank the people who participated in the committee process. I'm going to acknowledge right off the bat that I was disappointed in the paucity of attendance, in that I expected there would be other groups, organizations or individuals who would want to participate in the committee hearings. I don't think their failure to do that in any way reflects their lack of interest. It may well be simply a matter of the timing and the time frames. I also want to thank legislative research, Ms. Drent, who was assisted by Mr. Fenson, because, as usual, they responded to all the requests put to them for supplementary research.

I want to tell you that the NDP has serious concerns about the whole theme and thrust of the legislation. We are impressed by the comments made by John Carlisle, the retired deputy registrar of the College of Physicians and Surgeons. Those comments are summarized on page 4 of the March 8, 2005, research paper prepared by Ms. Drent. Of course, we are impressed by the comments made by OPSEU and the Registered Nurses Association of Ontario with respect to their concerns about the legislation. We're also impressed by the observation from both nursing and other health professionals, as well as from doctors themselves, that it appears that in both of those camps there already exists the discretionary power to report. There is not before us a single bit of evidence about a gunshot wound involving a crime that the police were unaware of. That may well be the case; I simply don't know at this point.

I do know, based on the material acquired and presented to us by legislative research, that even, for instance, in US jurisdictions where there is mandatory reporting, there is, in one instance, 13% non-compliance. That was one of the US jurisdictions; as a matter of fact, it was Georgia. An audit of hospital records revealed that 13% of gunshot wounds seen in an Atlanta emergency room did not have a corresponding police report, and that's in a jurisdiction where apparently there is compulsory reporting. So there are serious problems, then, with the reporting.

You know we have concerns about the mental health aspect, about the fact that one of the largest single blocks of gunshot wound admittances to hospital emergency rooms are from attempt suicides. I read the comments by the OMA that counter the argument that attempted suicides don't need police intervention, because there's a faction within the OMA that argues that the gunshot is still relevant because the utilization of a gun is a danger to other people.

I'm not satisfied that this bill is anything more than an attempt to exploit the real fear and real concern about the proliferation of illegal guns out there, especially handguns, and especially in Toronto where it's marked. I'm prepared to acknowledge that in Toronto it's more significant than it is perhaps in other parts of the province, although it may be no less a concern in other parts of the province. I'm simply stating that we cannot support the legislation, based on the submissions made, based on the material presented.

1040

I'm confident that every member of the committee has read the research paper prepared by Mr. Fenson, Problems with Mandatory Reporting of Spousal Abuse, and the observation, on page 3, albeit from an American journal: "The inability of the system to protect domestic violence victims from retaliation by their abusers is one reason for opposing mandatory reporting." I suggest to you that the history that we're all familiar with in Ontario and Canada around the inability of the system to protect spouses from return visits by dangerous and homicidal partners, the observation about "made in the United States" is equally relevant here.

I don't believe this bill solves a problem. The problem is manifold, but the bill, by creating an obligation to report, does not solve the problem, because we understand now that doctors and other health professionals already have an ability to report, that indeed their ethical responsibility is to report a gunshot wound when they believe, in their judgment, that it poses a risk to the community in general. That seems to be the test. That would protect mental health patients and attempted suicides from inappropriate police intervention, and it would allow doctors and other health professionals to focus on doing what they do best.

Just in closing, please—and I appreciate the politics of this—I don't suggest that anybody in this room or in this Legislature has an interest in advocating the ongoing proliferation of illegal guns or illegal gun use. To suggest that anybody, regardless of their position on this issue, by virtue of that position is somehow advocating or condoning illegal gun use is naive, unfair and not becoming.

The Chair: Any further comments, questions and/or amendments?

Mrs. Liz Sandals (Guelph-Wellington): First of all, if I could just respond to a few of the comments that Mr. Kormos made, with respect to the research that was done on a comparison of gunshots reported at hospitals for mandatory reporting versus those that had police reports, I read that research in a completely different way, which was to say that depending on the state, there were a couple of states cited where in fact there were issues, gunshot wounds that were being reported by hospitals which were unknown to the police in previous police reports. So I read that research to confirm that mandatory reporting in fact identified additional gunshot wounds that were unknown to the police.

Obviously, in Ontario, we have no way of getting that data, in that if they are unknown to the police, they don't know they're sitting in the hospital injured, so we have no way of getting that, but in jurisdictions where there was some way of comparing, they found that there were additional gunshots being reported by hospitals that were unknown to police. So I interpreted that in a totally different way.

With respect to the research on spousal abuse, I noted when I read that research that when women were actually surveyed—as opposed to people's perceptions about what might happen—the majority of women, including

those who had actually been abused, supported mandatory reporting of spousal abuse. And I would note that in this case we are not mandating reporting all spousal abuse; we are merely mandating reporting of gunshot wounds. I would suggest that if a wife—which is typically the situation—has been shot by her husband, that is very definitely a crime and I would certainly want someone to intervene, because if the husband has been unsuccessful, you would think, given the data around escalation, that he might well be successful the next time and we'd have a murder on our hands as opposed to an attempted murder. So, as a woman, I think I would want somebody intervening in that situation.

Those are just a few comments in response, Mr. Chair. May I go on and begin to table amendments?

The Chair: In a moment, Ms. Sandals. I'd like to offer the floor to Mr. Dunlop from the PC caucus for an opening statement.

Mr. Garfield Dunlop (Simcoe North): My initial comments are very brief. I want to thank everyone who participated: the medical associations, OPSEU and the police organizations. I know this is a bill that a lot of the organizations have lobbied for. No matter how the amendments go, I will be supporting the legislation and our caucus will be supporting it; we believe in it. I would just hope that you would take a serious look at the amendments that I've made today. I think they make it more complete. So with that, I'm ready to go with the amendments, if Mrs. Sandals is ready.

The Chair: Sure. Do I take it that it's the opinion of the committee that we're ready to proceed with clause-by-clause?

Mrs. Sandals: Yes, thank you.

I move that section 1 of the bill be struck out and the following substituted:

"Definition

"(1) In this act,

"'facility' means:

"(a) a hospital, as defined in the Public Hospitals Act,

"(b) an organization or institution that provides health care services and belongs to a prescribed class,

"(c) if a regulation is made under clause 5(a.1), a clinic that provides health care services, or

"(d) if a regulation is made under clause 5(a.2), a medical doctor's office."

This amendment would allow, but not necessarily require at this point, regulation-making authority to include reporting by walk-in clinics and doctors' offices, should that become necessary.

The Chair: Any comments on that?

Mr. Kormos: I'm just interested in the language, because it's interesting that you say health care clinics if they're drawn in by regulation. Why was that decision made—health care clinics and medical doctors' offices, (c) and (d)—rather than simply indicating "any other place prescribed by regulation," which seems to me the more usual language or structure? If I'm wrong, people are going to correct me fast. Look how eager he is to come up here to correct me.

The Chair: Please sit at the front, identify yourself for Hansard and proceed.

Mr. Dudley Cordell: My name is Dudley Cordell. I'm a lawyer with the ministry. The decision was made to include the clauses as they're written here so that the regulation could cover walk-in clinics and doctors' offices, where people might go for treatment instead of public hospitals.

Mr. Kormos: It's obvious what you're doing. Again, I don't quarrel with that; to me, it's neither here nor there. But why did you choose to specifically say "a clinic that provides health care services" and "a medical doctor's office," as compared to simply saying "any other place prescribed by regulation," which seems to be more general, as compared to more specific?

In other words, what you've done is limit the regulatory power here; right? Rather than giving a broader regulatory power to prescribe any place—the test is, it has to be a medical doctor's office before it can even be a prescribed place.

Mr. Cordell: If you combine clauses (b), (c) and (d), you'll see that it's basically any kind of place that provides health care services. I think the desire is to not make it so open-ended that it would capture non-medical situations. That would be my answer.

Mr. Michael A. Brown (Algoma–Manitoulin): Just for clarification, this would not cover a physician who made a house call?

Mr. Cordell: No, it probably wouldn't, because it's the office itself that has to make the report. We could comment later; there's additional reg-making authority in section 5 that might somewhat address that.

Mr. Kormos: Mr. Brown's point is very well made. My concern here—because you heard what the comments were: If you're going to do this, then do it across the board, otherwise you don't have real reporting, you don't have full coverage. This reinforces my suspicion—and again, I'm not pointing fingers—that this bill is about mere political positioning more than anything else. You heard the comment from some sources who are advocates of gunshot reporting saying, "Doctors' offices should have to do it too; similarly, health clinics"—presumably things like walk-in clinics. So I'm wondering why the government didn't simply say, "Then doctors have to do it, and walk-in clinics have to do it," so that it's part of the bill, so that it's part of this debate and so that it's part of what people are voting on. Mr. Dunlop may want to comment on that.

1050

The government is having it both ways. The government is saying, "See, we responded to the concern about the fact that it's only going to be partial reporting, because we include doctors' offices and walk-in clinics"—that's what we're talking about, by and large, walk-in clinics—"but we don't really include them, because it's up to regulation afterwards." I don't think, with all due respect, that that's very fair from the government's point of view.

Doctors' offices staff—doctors didn't have a chance to address this vis-à-vis the implications it would have for their offices, for instance, because it wasn't part of the original bill. Doctors' positions about this bill could well be very different, even the OMA's, if their office staff had to report too. They are far more vulnerable, let's say, to retaliation than—I don't want to suggest that you pit one group against the other—people working in a hospital that has security guards and layers of protection, presumably. That's not to say they're not vulnerable, but certainly far more so, down where I come from or where Mr. Brown comes from, is the local doctor's office, which is often in an old house, for instance, with no more security than the bars that might be on windows to prevent break and enters. So the way this is worded causes me some concern.

Mrs. Sandals: That, in fact, is to some degree precisely why it has been addressed in this re-issue. Before any regulation is put in force, we would want to identify that gunshot wounds are an issue at walk-in clinics and/or in doctors' offices, so that we have allowed the possibility of distinguishing between those. The fact that it is a regulation as opposed to an absolute requirement would allow us to consult with the people who are affected about whether or not the data shows this is necessary and what would be the most effective way of providing for this. So, in fact, it would allow for consultation, if the data show that this is necessary.

Mr. Kormos: Your colleague Mr. Brown has opened a Pandora's box that will cause untold grief for his government, and I respect him for that. I don't expect anything less from Mr. Brown.

Look at the dilemma we have here if the bill passes, and I'm pretty sure that if it's called for second and third reading, it will pass. If the bill passes, one way or the other, if after your consultation you find out, if this is what you're saying, that doctors' offices don't have the level of security necessary to protect the staff, and similarly walk-in clinics—you and I both are familiar with them; they are not staffed, and they are not built physically the way a hospital is—gosh, you know that if you don't include doctors' offices and walk-in clinics, then they will become the destinations of choice for gunshot wounds, in the instance of unsavoury characters. So you'll then open the floodgates; you'll be steering people away from the hospital, for the unsavoury characters, to the doctors' offices and to the walk-in clinics. Yet you say you're going to consult. To what end? To say whether they want to? You know darn well what their druthers are. You know what the OMA recommended.

I find this very dangerous thin ice. That's all I'll say to it.

The Chair: Are there any further questions from Mr. Cordell and/or comments on this particular amendment?

If not, is the committee ready to proceed with voting on this particular amendment?

All those in favour? All those opposed? Carried.

Shall section 1, as amended, carry? Carried.

We'll proceed to amendments to section 2.

Mr. Dunlop: We've got them in order here now.

I move that subsection 2(1) of the bill be struck out and the following substituted:

"Mandatory disclosure of gunshot wounds and knife injuries

"(1) Every facility that treats a person for a gunshot wound or a knife injury shall disclose to the local municipal or regional police force or the local Ontario Provincial Police detachment the fact that a person is being treated for a gunshot wound or knife injury, the person's name, if known, and the name and location of the facility.

"Exception for knife injuries that are obviously self-inflicted

"(1.1) Subsection (1) does not apply if the person treating the person for a knife injury is of the opinion that the knife injury was obviously self-inflicted."

Obviously, this came up a few times in the deputations that came before the justice committee. In fact, I refer to the Ontario Hospital Association's presentation, when they actually asked why more wasn't being done with the legislation. I go back to a resolution that was made in the House by a former Solicitor General, Bob Runciman. He included knife injuries in his resolution as early as December last year.

I feel that because it's a public safety bill, adding knife wounds would help make the bill more complete, and I'll just use some examples. I'm saying that if someone walked into the emergency room of a hospital with a gun injury from a hunting accident, under this legislation, the doctor or the physician or the staff on duty would have to report that wound, but if somebody came in with three stab wounds to their stomach, they wouldn't have to report it. I've heard some comments that this doesn't cover the scope of the bill and that type of thing. I just can't for the life of me see why adding something like a knife injury would not make the bill more complete at this time.

All of the amendments we're making today—there are four amendments. I'm not going to repeat myself on every amendment, but the bottom line is, I'd appreciate the government considering this because I do think it makes the legislation more complete. Whether or not you support the amendments, as I said earlier, our caucus will be supporting the legislation.

Finally, during my consultation with stakeholders—and I met with a number of the same people who made presentations here, as well as some who did not—law enforcement officers particularly mentioned to me, why wouldn't we have other types of injuries included in the legislation, other than just mandatory gunshot wounds? That's why we've added the knife injuries. We think it would make a more complete bill.

The Chair: Are there any comments on PC motion number 2?

Mrs. Sandals: We understand that there was some discussion about this issue. The scenario you have presented is certainly something where we would hope the hospital would exercise its discretion and notify the

police. However, we do have some serious concerns around including all knife injuries. In the case of knife wounds, you're going to get into a very broad range of wounds that have to do with people mishandling knives. They may be doing the chef thing in the kitchen and take off the end of their finger. They may be cleaning fish and do whatever you do while cleaning fish. There are all sorts of ways in which people come to grief with knives.

Interjection.

Mrs. Sandals: Thank you for that input, Ernie.

So knife wounds are broad. On the other hand, knives don't exactly characterize it, because we may have machetes and axes and all sorts of other things that this wouldn't capture. But when we get down to the exception clause, which in some ways one would require to make this sensible, you then get into another issue: whether or not doctors and medical personnel should be required to become de facto investigators. When we look at the bill as currently formatted, we're talking about mandatory reporting of all gunshot wounds, so that there is no onus on the medical facility beyond identifying that a gunshot wound has occurred and reporting that to the police. The police are then responsible for investigation.

1100

As soon as we start making exceptions—some types of wounds you have to report; other sorts of wounds you don't have to report—that drags the medical profession into having to investigate: "How did you get this wound?" "Do I think this was self-inflicted?" "Do I think it wasn't self-inflicted?" We're very concerned about the legal implications of drawing medical personnel into having to make a decision.

I would also note that within the testimony, when we heard supporting comments from the medical profession, one of the things they liked about the bill, as currently structured, was the fact that it was very clear. What we heard from the medical profession was, "There is an absolute requirement to report all gunshot wounds. We don't get dragged into investigating and trying to make value judgments around who did what to whom and whether it was a good thing or a bad thing. We just have an absolute requirement to report." It's clear that that is the case.

Because of the lack of clarity which this introduced into the bill and the requirement to drag medical personnel into decision-making of an investigative nature, we will not be supporting the amendment.

Mr. Dunlop: Can I just quickly respond? My concern, Mrs. Sandals, is that this is a public safety issue. It's a public safety bill. Yes, there may be some concerns around the medical community, the things that you've brought forward, but by and large most of the crimes are not committed with gunshot wounds, they're committed with knives. My guess is it's probably 10 to 1.

Some of the deputations, such as the report that came in from the Police Association of Ontario, talked about gang violence and gun violence etc. But my concern is that if we're trying to do a bill that helps police officers, helps public safety on our streets, then we should take a

look at a bill that is more all-encompassing. As I said, I understand where you're coming from with the legislation, but in the future we may try to amend that.

Mr. Kormos: I think the comments by both Mr. Dunlop and Mrs. Sandals illustrate the serious problems the NDP has with this bill. The Conservatives are very clear about where they come from, yes. They're Conservative and they've been consistent. Mr. Runciman has made it clear that he wants medical personnel to be an integral part of the crime reporting and investigation process, as they've put it, in the interest of public safety. I disagree with that position, but they've been very candid about that and very straightforward.

With respect, the government is trying to have it both ways. You point out—good grief—knife wounds happen any number of ways. Read the data on gunshot wounds and admissions to emergency wards. They happen any number of which ways. In fact, the three groups are self-inflicted attempted suicide, self-inflicted accidental, and then the third group, “Somebody shot at me,” and it was the criminal type of shooting.

You say you'd rather let doctors and other medical personnel use their discretion. Precisely the point—point made. I'd far sooner have doctors and other health professionals—and the evidence we heard was that they are well trained in their duties, their duty of confidentiality but also their duty to report when it's in the public interest. I'd far sooner have that prevail. I frankly have a lot more confidence in that than an overly regulated system which requires, then, people to start interpreting the law.

Look, when I was a kid down in Crowland, there were gunshots, but they were outright homicides. But when people were getting into fights behind the Crowland Hotel, the most offensive weapons that were used were hockey sticks or baseball bats. I remember Donny Beauchamp coming back from a brawl in Dunnville, every one of his teeth knocked off at gum level.

Now, attending at a hospital as he did, it's not hard to figure out how that happens. That's neither self-inflicted nor is it accidental. I know, as a layperson—not as a medical—I've had enough lifetime experience as a teenager to know what an attack by a baseball bat or a pool cue looks like, especially when it's applied to the mouth. You don't have to be a physicist to figure it out.

So are you interested in using health professionals as investigators and as reporters of crimes, or are you not? You are, if I may say, somewhat Janus-faced about this one. You're trying to have it every which way but loose. I think you're buying some problems. I don't agree with the Tory proposition, but I tell you, the Tory proposition is far more consistent with the theme than yours is.

The Chair: Thank you, Mr. Kormos, for the reminiscence. If we are now able to proceed with voting on the—

Mr. Kormos: No. The Crowland Hotel is still there.

The Chair: Is the committee ready to vote on this amendment? Yes?

All those in favour? All those opposed? I declare this PC motion defeated.

Mr. Dunlop: Mr. Chair, can we record these votes?

Mr. Brown: You have to ask.

The Chair: Yes, Mr. Brown's correct. You need to ask. We're happy to do so. You just need to ask.

Mr. Dunlop: I'd ask for the rest of the votes to be recorded.

The Chair: Shall section 2, as amended, carry? Carried.

Having no amendments proposed for section 3, I'd open the floor for any general comments on section 3. Any comments on section 3? All right. Seeing none, I will now proceed.

Shall section 3 carry? Carried, as is.

I now proceed to open the floor for amendments for section 4.

Mrs. Sandals: I move that section 4 of the bill be amended by striking out “on the staff of a facility.” This is a technical change which just makes the clause read properly in concert with the amendment that we previously made.

The Chair: Any questions or comments on the section 4 amendment proposed? Mr. Dunlop? Mr. Kormos? All right. No comments? Are we ready to proceed with the voting?

Mr. Dunlop: Recorded vote.

The Chair: We'll have a recorded vote.

All those in favour of government motion amendment number 3?

Ayes

Brown, Delaney, Dunlop, Parsons, Sandals.

The Chair: All those opposed? Carried.

Shall section 4, as amended, carry? Carried.

Amendments for section 5: Mrs. Sandals?

Mrs. Sandals: I move that section 5 of the bill be amended by adding the following clauses:

“(a.1) adding a clinic that provides health care services to the definition of ‘facility’ in section 1;

“(a.2) adding a medical doctor's office to the definition of ‘facility’ in section 1.”

That simply provides for the regulation-making authority that we have already alluded to in the amendment we have adopted. So I presume that at this point, this is just technical.

1110

The Chair: Any questions or comments regarding this amendment?

All those in favour of the government motion?

Mr. Dunlop: Can we record that one too?

Ayes

Delaney, Dunlop, Parsons, Sandals, Smith.

The Chair: All those opposed? I declare the amendment carried.

I open the floor for further motions on section 5.

Mrs. Sandals: I would like to table a further motion, and I believe this is on everyone's desk. It is labelled motion 4(a).

I move that clause 5(c) of the bill be struck out and the following substituted:

"(c) governing the requirements in section 2 respecting the manner and timing for the disclosure under that section, including prescribing the persons responsible for making the disclosure on behalf of the facility, and prescribing additional requirements."

It has been suggested by leg. counsel that this would further clarify the amendments that have already been made with respect to the possible inclusion of walk-in and doctors' offices. It's a technical amendment to go with the amendments we've already had. I see a little bit of head-scratching going on. What we have done is added, "including prescribing the persons responsible for making the disclosure on behalf of the facility." It's not something which is absolutely necessary, but would provide some further clarity.

Mr. Kormos: This is an interesting one as well. You heard what folks had to say in terms of, let's say, nurses versus doctors—doctors being the ones who have to diagnose, and the doctor being the person who can authoritatively say, "This is a gunshot wound." I appreciate that at some level this becomes overly academic and removed from the real world, but for the fact that, yes, I presume that gunshot wounds can, from time to time, in the first instance, not display themselves as obvious gunshot wounds. So what you're talking about here is the timing, the manner and whom will be responsible.

As you know, part of the tension is between nurses and other health professionals versus the doctors, they saying, "Well, if the doctor who diagnoses"—again, I throw in, just to melodramatize it a little bit, who is going to be sitting in the hallways of some stinky, old provincial courtroom for two or three days while a preliminary inquiry's taking place, waiting to be called as a witness, being leered at and pointed at by a bunch of biker gang members or drug-dealer types, they knowing that person is a witness who may be adverse to their buddy's or gal's interests or vice versa.

Again, why doesn't the government just grab the bull by the horns and say, if the OMA supports this as enthusiastically as they do—because you know that the College of Nurses doesn't support it; you know that that the RNAO, the Registered Nurses Association of Ontario, doesn't support it—that the doctor attending shall report it, and then hear the squeals of protests, the howling, from the OMA. I've got a feeling that what's going to happen here is that it won't be doctors at the end of the day; it will be someone else in the food chain, someone who is far less eager to involve themselves at this particular level.

And what are you talking about when you talk about the time frame? What are you talking about in terms of a breach, a failure, which I'm going to address before we finish discussion of the bill here? At the end of the day, quite frankly, it appears you've got an obligation here

without a remedy. Think about this one, Mr. Dunlop: It is still very much discretionary on the part of the health professionals, be they doctors, nurses etc. This could be more window dressing than we even first suspected. Might it not, Chair?

The Chair: Any further comments? We'll proceed to the vote, then.

Mr. Dunlop: Recorded vote.

Ayes

Delaney, Dunlop, Parsons, Sandals, Smith.

Nays

Kormos.

The Chair: I declare the motion carried. Shall section 5, as amended, carry? Carried.

There have been no amendments proposed for section 6, so I open the floor for comments on section 6, if any.

Shall section 6 carry? Carried.

With regard to section 7, we open the floor for amendments.

Mrs. Sandals: This is the one that is labelled 5 in your package:

"I move that section 7 of the bill be struck out and the following substituted:

"Short title

"7. The short title of this act is the Mandatory Gunshot Wounds Reporting Act, 2005."

This is simply to clarify the previous short title, which said "Gunshot Reporting Act." That might be slightly misleading, so we've inserted the word "wounds" in there so it's consistent with the long title.

Mr. Kormos: Why would the government start to care now about being consistent?

Mrs. Sandals: We're always consistent, Peter.

Mr. Kormos: How about being slightly misleading?

The Chair: Any further comments on the record?

Mr. Dunlop: I'm not going to support this particular motion, but I can tell the government members that it already has become a little bit misleading. We've had a number of calls from our—

Mr. Kormos: Hey, hey, hey.

Mr. Dunlop: Is "misleading" the wrong word to use here? OK. It's questionable, because we've already had a number of calls in our office from hunters and you name it. They actually thought, when it was reported, that that would mean anybody shooting—a duck hunter, or whatever it may be—if they're shooting outside, there's a gunshot, and it wasn't a wound. We've had a lot of calls on that, so we had to clarify that ourselves on behalf of the government, so thank us for doing a good job on your behalf.

Mrs. Sandals: Thank you, Garfield.

The Chair: Mr. Kormos, any comments? We'll proceed to a vote. I presume you'd like it recorded, Mr. Dunlop.

Ayes

Brown, Delaney, Parsons, Sandals, Smith.

Nays

Dunlop.

The Chair: I declare the motion carried.

With regard to the further motions regarding section 7, PC motions labelled 6, 7 and 8, I'm advised that these are stranded amendments in that, motion 2 having already been defeated, numbers 6, 7 and 8 are out of order because they do not reflect amendments that have been made to the bill.

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Mr. Kormos: Please. We now have a lengthy history of bills in this chamber which, for the last eight and a half, nine years, have had titles that are in no way consistent with their content. Think about it. Why should it be out of order all of a sudden for a bill's title to not reflect its content? That's been a stock in trade by government after government. It's legion by now. I invite the Chair to reconsider—I don't challenge the Chair, but I invite the Chair to reconsider—because we've had so many titles of bills that are at 180-degree odds with what the content of the bill is. Why should this committee not be able to entertain a title that is at odds with the content?

The Chair: Thank you, Mr. Kormos. Just to clarify, the reason that amendments 6, 7 and 8 are actually being ruled out of order is because they refer to the knife injury reporting of amendment 2, which has been defeated. Any further comments?

Shall section 7, as amended, carry? I declare section 7 carried.

Shall the preamble of the bill carry? Carried.

Shall the title of the bill carry? Carried.

Shall Bill 110, as amended, carry?

Mr. Kormos: Chair?

The Chair: Yes, Mr. Kormos?

Mr. Kormos: I think what people had better note right off the bat is that in many respects the bill doesn't change the status quo at all. Although the bill says "shall," specifically in section 2, the bill doesn't create any remedy or recourse in the event that people don't, as compared to "shall." The bill does not create an ethical obligation on the part of practitioners, either doctors—those ethical standards being set by the College of Physicians and Surgeons—or nurses—those ethical standards being set by the College of Nurses.

Indeed, the government—see, once again, Mr. Dunlop—is stealing a book from the Tory law-and-order page. First they appoint Julian Fantino as emergency management czar. They scooped him out from under the Tories' noses. He was going to be your candidate up in Woodbridge. Nope, the Liberals scoop him up. Then they outdo you on the mandatory gunshot wound reporting, which, of course, as we know, means that if a person comes to a hospital with a knife wound, but says, "And to

boot, the SOB was shooting at me"—right? Think about this—the government says that doesn't have to be reported. You hear what I'm saying? Even if the interest is the control of illegal use of firearms, you've got a guy who's knifed who says, "The one actor knifed me, and while I was running, the other guy was shooting at me." Again, gunshots are not hard to—real live gunshots, as compared to the ones on TV—trust me, by and large, you know them. It's sort of like you'd wish the world were for pit bulls. You know one when you hear one.

Here's a bill that does nothing to change the discretion on the part of health professionals. Indeed, perhaps it goes further and says that it's that discretion that has to be authorized, because when they talk about actions or proceedings, they clearly, in my view, talk about civil actions, civil proceedings, lawsuits, versus proceedings within a college, like the College of Nurses or the College of Physicians and Surgeons.

That was one of the criticisms of the bill from participants. In particular, John Carlisle, retired deputy registrar of the College of Physicians and Surgeons, noted, "as currently drafted, section 4 of the bill does not address the possibility that health care practitioners could face complaints to their regulatory colleges with respect to reporting activity." That's in the research paper prepared for us by Ms. Drent.

This is a funny bill all right. The government is going to run with this. They're going to raise this flag up the pole. The problem is, nobody's going to salute, because it's a meaningless bill. It's a zero bill; it's a non-bill because it doesn't protect practitioners, who are regulated by their respective colleges, from any action within the college. So the colleges' standards with respect to confidentiality prevail. That's clear in the bill, as pointed out by Mr. Carlisle. Secondly, it doesn't create any penalty for failing to report. What it does do is indemnify against civil action. But you and I both know, Chair, that in Canada, at least—it may be different in the States, where far more litigious juries deliver huge payments, huge judgments. But come on, give me a break; the prospect of a lawsuit against somebody reporting an attempted murder is marginal, isn't it? The judge would laugh you out of court, and if the judge didn't laugh you out, the jury would shrug and you'd be involved in litigation where you've got the old British ha'penny award—right?—like you saw in Britain, the most modest level of award.

It's not a matter of the government biting more than it could chew; the government took a little bite and then spit it back on to the plate. So we're left no better off than we were before. I am amazed, and I thought nothing more would amaze me. Thank you kindly.

The Chair: Any further comments?

Mrs. Sandals: Rather than responding to all the hypotheticals in there, I'll try and respond to a couple of substantive issues. The one that has been raised around, could this lead to a complaint by a professional college, I noted in some of the research that was prepared for us that, for example, when we looked at the professional standards of the College of Nurses, it quite explicitly

states in there that when required to report by law, it will not be a contravention of the duty of privacy to the patient. I would think that would be the sense in the other medical professions, that when there is an explicit requirement to report, which clearly there is here, the legal requirement to report takes precedence and in fact there would be no grounds for complaint.

With respect to the issue of penalties, you've actually hit on something that is near and dear to my soul, about which the lawyers over here are going to say, "Where is she going?" I happen to be familiar with one of those dramatically badly named bills in which trustees were subject to rather draconian, in the words of the court, penalties for failure to comply. I would suggest that we, as the McGuinty government, do not behave in that way. When we set out a law that is aimed at our public sector partners—in this case, primarily aimed at public hospitals—we assume that other public institutions comply with the law and we do not have to set out draconian penalties in law.

Mr. Dunlop: First of all, our caucus will be supporting this bill, even with the fact that we didn't add the amendments. As critic for community safety and corrections, I'm very happy that in 18 months, we finally have an opportunity to take this before the House. I do hope we'll call it at some point in the spring and actually be able to debate it, because we haven't debated anything on public safety yet.

I'm disappointed, though—and I'll say this to the Liberal members—in the fact that, by adding the knife injuries, this was an opportunity to provide leadership in this area, and I don't think we're seeing it. I think the bill is very vague. I'm speaking both ways, of course. I will support anything that will help public safety, but I think we could have done a better job in adding the amendments, and the regulations could easily have resolved any of the issues you've brought forward here today.

I'm looking forward to getting it into the House. After 18 months as critic, it has been terrible sitting there and watching all the other bills go through—pit bulls and bring-your-own-wine—and nothing about community safety. That's a real concern for me, and I'm glad we are finally going to get there.

Mr. Kormos: First of all, a right without a remedy is hardly a right. An obligation without a consequence for failure to fulfill that obligation is hardly an obligation. We're writing a statute here, not moral and ethical standards. Having said that, I have got to express concern. I'm going to give my Conservative colleague some gratuitous advice, which is probably going to be worth about as much as he is going to pay for it. I anticipate the day when the Conservatives stand up in question period to rail about one of the shortcomings or inadequacies of this bill, Bill 110, presuming it becomes law. Then of course Monte Kwinter, the minister, or his

successor will point back and, first, thank you very much for your support of it, and question where you were when it came to the substance of the bill.

This three-party system is a valuable thing. It means there is pluralism in terms of the views that are expressed and in terms of the interests out there that are represented. I know the Conservatives are the real advocates for law and order. I am disappointed they would acquiesce in such a weak and mere showcasing lip service to law and order.

There are people in my community who look to the Conservatives—I'm serious; I know these folks—for their hard line and consistent approach on law and order. To see my Conservative colleagues being lured into bed with bleeding-heart Liberals who are merely paying lip service to law and order is going to be a disappointment to those folks down where I come from.

Ms. Monique M. Smith (Nipissing): That is really unattractive from you, Peter.

Mr. Kormos: Oh, get a bigger bed then.

The Chair: Thank you, Mr. Kormos. Are there any further comments?

Mrs. Sandals: Absolutely not.

The Chair: Shall I proceed to ask—

Mr. Kormos: Recorded vote.

The Chair: Shall Bill 110, as amended, carry?

Ayes

Delaney, Dunlop, Parsons, Sandals, Smith.

Nays

Kormos.

The Chair: I declare the bill, as amended, carried.

Shall I report the bill, as amended, to the House?

Mr. Kormos: Recorded vote.

Ayes

Delaney, Dunlop, Parsons, Sandals, Smith.

Nays

Kormos.

The Chair: I declare Bill 110, as amended, carried, and it will be reported to the House today.

I'd like to thank the members of the committee for their attendance today for clause-by-clause and the previous hearings. The standing committee on justice policy is adjourned.

The committee adjourned at 1133.

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