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Wednesday 2 November 2005

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Mercredi 2 novembre 2005

**Standing committee on
government agencies**

Intended appointments

**Comité permanent des
organismes gouvernementaux**

Nominations prévues

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ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON GOVERNMENT AGENCIES

COMITÉ PERMANENT DES ORGANISMES GOUVERNEMENTAUX

Wednesday 2 November 2005

Mercredi 2 novembre 2005

The committee met at 1005 in room 151.

INTENDED APPOINTMENTS

CARYN WOLFE

Review of intended appointment, selected by third party: Caryn Wolfe, intended appointee as member, Ontario Review Board.

The Chair (Mr. Tim Hudak): Folks, I'll call the standing committee on government agencies to order for our meeting of November 2, 2005. As you can see on our list, we have two intended appointees for interviews today. If there is other business, my preference is to have that after the interviews. Is that OK with everybody? So we'll defer other business until after the appointments review.

Our first intended appointee is Caryn Wolfe. Ms. Wolfe, welcome. I like the spelling of Caryn, by the way. It's very unique.

Ms. Caryn Wolfe: Thank you.

The Chair: Ms. Wolfe is an intended appointee as member of the Ontario Review Board. Ms. Wolfe, please come forward and make yourself comfortable.

You may have seen the committee before. You're welcome to make an opening statement about your interest in the position and your qualifications. Then we do a rotation basis for members to ask any questions about you or your background. The total is 30 minutes. Any time that you take for your opening comments is taken out of the government's side. Questions today begin with the official opposition.

Ms. Wolfe, the floor is yours.

Ms. Wolfe: Good morning everyone, and thank you for the opportunity to introduce myself. I just have a short opening statement, which I'll read.

As an intended public member appointee to the ORB, I do not bring with me professional experience from a legal or mental health field specifically, but rather skills from other professional and volunteer experience that I believe would benefit the board in its important work.

For the past several years, I have been working in communications, broadly speaking, primarily on a freelance basis. Most of my project work has dealt with environmental health issues as these relate to climate change, air quality and tobacco reduction, and has

involved research and writing and the production of educational resource materials for public distribution.

Part of this work involves the research, review and assessment of large amounts of health-related information, at times scientific information that needs to be adapted to a plain-language format. The interpretation and critiquing of this kind of information and the necessary reflection time required to produce a well-balanced message, whether it be a report or a pamphlet for public use, are critical to this kind of work. I believe this would be relevant to the work of an ORB member, in part.

In producing this kind of product for this communications work, I have worked with others and as a committee member to ensure that the information intended for the public is accurate, thoughtful and informative. Not all of my work has been produced for public use, but some of it has.

Prior to this communications work, I taught at a community college, where I also, for a brief period of that time, assisted students with disabilities by liaising with community agencies to find necessary community programs that would improve that student's quality of life, whether they be community work programs, social activities or other supports. More recently, I participated in a training program for volunteers at the Halifax helpline, where I was on telephone duty, sometimes overnight, providing listening and support for people calling in, oftentimes people with mental illness.

Apart from this experience related to professional and volunteer work, I have a genuine interest in public health, and also in the mental health area as a growing public health concern. I'm also keen to learn more about it as quickly as I can and to contribute the skills that I've noted to the ORB.

That's my brief outline. I look forward to answering any questions.

The Chair: Great. Thank you very much, Ms. Wolfe, for your opening remarks. We'll begin any questions with the official opposition.

Ms. Laurie Scott (Haliburton-Victoria-Brock): Welcome to today's meeting, and thank you for appearing before us.

You worked in Halifax and now you're residing here; is it in the Hamilton area?

1010

Ms. Wolfe: No. I have actually recently moved back to Toronto. I have been moving around a bit. In Halifax I was pursuing some academic work at the time and I came back to Ontario.

Ms. Scott: How did you hear about this appointment? Or you just applied to this board, it looks like from your resumé, that you were interested in this board. I just wondered how you chose to apply for this Ontario Review Board.

Ms. Wolfe: I initially heard about the review board through Justice Carruthers. I'm a friend of his nephew's. He was the one who initially introduced me to the possibility of applying, which I then did. I initially sent in a resumé and then, in the process, applied on-line.

Ms. Scott: How long ago was it before—you applied, and then you were called?

Ms. Wolfe: I think it was about a year and a half when I first sent a paper copy of my resumé. During the course of that time, the process changed, and then the applications were being submitted on-line, which I did in July.

Ms. Scott: You didn't speak to any of the ministers or ministry staff, just the appointments officer?

Ms. Wolfe: No, I didn't. I've had a couple of conversations with Justice Carruthers, as some more questions that I had came up, and also did some of my own research on-line to find out more about the board and public appointment.

Ms. Scott: OK. Part of my question was, in preparation for today, you've researched who the following board members are. Are you're applying as a public member?

Ms. Wolfe: Right.

Ms. Scott: There are other members—lawyers, psychiatrists—who are on there, and you did mention something of your volunteer work. Do you have a vision, background, of how you fit into the board?

Ms. Wolfe: I've worked in the past with scientists and with professionals, whether on a committee, in a committee situation or through the helpline, so I think that I'm familiar with that kind of working relationship. That's the general kind of experience, as a public member, that I can bring to the board, and also provide perhaps a bit of a counterperspective to the professional members of the board, as a member representing the public.

Ms. Scott: What you have brought up about community work programs, and I know there's a lot of discussion out there if more community programs could be used or some projects tried: Do you have any ideas in mind of how we could get more community programs?

Ms. Wolfe: In relation to support systems, or community support for people who are being integrated back into the community, no, I don't at this time. It is a question I have in my own mind. I'd like to find out more about it, and if I am appointed, it would be one of the first things I'd want to explore and find out more about because I do think that's an important factor.

Ms. Scott: I believe there has been some research done on that and you can certainly research that more.

A part of the board is that you need to do a risk assessment of people who may pose a danger to society. I know there's a Winko decision out there that review boards must have hard evidence that the person poses a danger in order to deny an absolute discharge. Are you aware of that, or do you have any comment about how you can assess someone's risk factor if he's being released?

Ms. Wolfe: I've read a little bit about Winko, and I read with interest the different types of risk assessment tools that are available, the studies that have been done, and the tools that came out of that, as well as the intuitive versus the actuarial types of approaches to the risk assessment.

Again, at this point I think, being somewhat familiar with that in the literature, that I would need to take the time and the training process that happens to think more about that and what the risk assessment entails, because obviously that's a crucial element to the process.

Ms. Scott: I know this is a difficult question that I'm asking, but I'm sure it's something that's crossed your mind before. How would you react to the possibility that someone is given a discharge and re-offends? It has happened out there. I realize it's part of the job. You have to make decisions. Personally, it's going to be difficult at times.

Ms. Wolfe: Yes. I think, as a member of the board, that that's what you want to prevent from happening and to do whatever you can to make sure that doesn't happen, while at the same time respecting the liberties of the individual.

Ms. Scott: Do you know how many people are usually at a board meeting, the quorum, that would be making decisions such as this?

Ms. Wolfe: I believe the minimum is five; you know, the psychiatrist or psychologist, legal representation and public. I believe it's five.

Ms. Scott: So you're comfortable with that mix of backgrounds and people making decisions?

Ms. Wolfe: Yes.

Ms. Scott: Good morning. Thank you very much for your interest.

Ms. Andrea Horwath (Hamilton East): Good morning. You decided you were going to apply to this as a result of talking to Justice Carruthers. Is that right?

Ms. Wolfe: Yes.

Ms. Horwath: You talked a little bit in your opening remarks about some of your academic experiences, some of the writing you had done, and your familiarity with medical terms and those kinds of things. But what do you think specifically qualifies you for this particular position?

Ms. Wolfe: I think specifically that, as a public member appointee, some familiarity within the health field is helpful. Again, I'm not coming from a mental health background specifically, but in general the experience I've had in working with committees of a variety of

different people on them and also working with, I'm thinking, an air quality project, where I was meeting with Health Canada scientists who are speaking one way about air quality and having to interpret that kind of information to create a message for the public. Having that kind of relationship with professionals of that nature, I think there are some similarities there with working in a group such as the board. So I feel that's some relevant experience that I have.

Ms. Horwath: What experience do you have specifically there: volunteer or paid, with people who have mental disabilities or mental disorders?

Ms. Wolfe: The one that I mentioned with the helpline did involve what they called a lay counselling training program to assist people, which also included a suicide intervention. That was a very brief component of the training. So I've had that experience, listening to and supporting people who are phoning in to get information or just to talk, and also experience at the college, where I was assisting in certain cases people who did have either a mental or physical disability to make sure that they were getting into the right program or could find other community resources. Both of those experiences for me are very rewarding.

Ms. Horwath: Have you had any experience or contact with people who may have had contact with either the criminal justice system or the mental health system?

Ms. Wolfe: No. I'm just trying to think if one of the doctors I've worked with on one of the committees was related to mental health.

Ms. Horwath: I meant more from a person's perspective who was either incarcerated or suffering from a mental disorder. Are you at all familiar with anybody, or have you had any one-on-one experience, other than on the phone, with people who have been up against either the criminal justice system or, specifically, around these particular issues that you're going to be asked to deal with?

1020

Ms. Wolfe: On a more personal level, I have a friend of a friend who is now a journalist in Ottawa and writes about the criminal justice system. I have read quite a few of his writings and takes on that side. Apart from that, I see mental illness as much like cancer or heart disease. Most of us know someone with one or all of the three. My experience with people who have been incarcerated, no, it's not a lengthy experience, but I do feel that I have some exposure and appreciation for it.

Ms. Horwath: There was a question asked about the Winko decision. I think in your discussion you said you're aware of it, but you really didn't expand upon your kind of opinions about that issue. Could you do that a little bit for me, please?

Ms. Wolfe: I don't think I can, today. I've Googled it and I did read through some of the information that has been provided to me, but I don't feel that I can comment on that at the moment.

Ms. Horwath: I know this was touched on already, but I just wanted to talk a little bit more about the

situation where you're assessing an individual's mental condition and making the determination as to whether or not they pose a threat to the safety of the community. If your personal experience is not one that is contact with people in that particular situation or with that particular condition or disability, how will you make those assessments? What will you rely on in terms of your putting together a judgment on these issues?

Ms. Wolfe: I'm going to rely on my own experience and judgment in the way I do in a professional and volunteer sense but, more so, I believe I'll rely on the learning and training, and the information. I understand it could take up to six months before one is actually a—I'm not quite sure of the term—full-fledged member of the board. My feeling is that that's a very important time to find out more about the risk assessment tools, to have an exchange with current board members, and to find whatever other resources there are to prepare myself to make those types of decisions.

Ms. Horwath: We usually ask at the beginning of these interviews questions about your political affiliation. Are you a member of any political party?

Ms. Wolfe: No, I am not.

Ms. Horwath: Do you donate regularly to any political party?

Ms. Wolfe: I don't, no.

Ms. Horwath: I don't know how much time I have.

The Chair: Two minutes.

Ms. Horwath: The last question I wanted to ask was more around the issue of your general sense of the system, the way it works currently, and whether or not you believe that the review board system provides the appropriate safeguards for the rights of both the public and the accused in the process. If you could comment on that, I think that would be helpful.

Ms. Wolfe: Again, I don't feel I know enough about it yet. From the reading that I have done, my sense is that there has been some recent progress—what I see as progress or at least some changes—made that influences, I suppose, the power of the board or the ability of the board to do its work in a way that does allow it to provide the best balance and to make the best decisions. I am feeling like I can't answer that question because I don't know enough about it at this time.

Ms. Horwath: OK. Thank you, Mr. Chairman.

The Chair: Ms. Horwath, thank you very much. To the government side.

Mr. Ernie Parsons (Prince Edward-Hastings): I think probably of all the disabilities, mental illness is the one that is least understood by the public. As humans, when we don't understand something, we tend to stay away from it and avoid it.

I don't have a question; I just want to thank you for putting your name forward for this. I think it is important that there be a representative of the general public to work with the professionals in this field. Thank you for your interest in this.

The Chair: Any other questions?

Mr. Parsons: No.

The Chair: Ms. Wolfe, thank you very much for your presentation. We have one more interview and then we'll move to the concurrence votes on how the members feel about the intended appointments. You're welcome to stay, and that will probably take place in about 20 minutes to half an hour. Thank you very much for your presentation.

Ms. Wolfe: Thank you.

J. BERNARD COMISKEY

Review of intended appointment, selected by third party: J. Bernard Comiskey, intended appointee as member, Consent and Capacity Board.

The Chair: Our next intended appointee is J. Bernard Comiskey. Mr. Comiskey hails from the Chatham-Kent area. I read his background. He used to work for the Wish Foundation, which I had a chance to visit in Chatham before. Mr. Comiskey, welcome. You're an intended appointee as a member of the Consent and Capacity Board. With a name like Comiskey, are you a Chicago White Sox fan? Are you still celebrating?

Mr. J. Bernard Comiskey: We are distant relatives.

The Chair: That's not a bad thing to be.

Mr. Comiskey, welcome. You're welcome to make some opening comments about your background and your interest in the position on the Consent and Capacity Board, and then we'll follow on a rotation basis, beginning with the third party, on any questions they may have about your qualifications. Mr. Comiskey, the floor is yours.

Mr. Comiskey: Mr. Chairman, honourable members, thank you for the opportunity to speak to you and express to you my experience and qualifications for the position of member lawyer on the Consent and Capacity Board.

I was born and raised in Chatham and am the eldest of 10 children. I have been married to my wife, Nellie, for over 42 years and we have three adult sons. I returned to school as a mature student in 1969, obtaining a bachelor of arts with a major in psychology from the University of Windsor, followed by a bachelor of laws from Windsor. I articulated in Chatham, and during my articles, I searched titles to property and made some appearances in quasi-criminal proceedings. After completion of the bar admission courses, I began working in the area of criminal law, appearing as counsel in many trials, both before a judge alone and with judge and jury.

As my practice evolved, I began to work in the areas of family and insurance law. With an increase in that practice, I ended my work in criminal law. In the insurance matters, at first, I represented injured plaintiffs. Then, insurance companies asked me to do defence work for them. In that capacity, I represented municipalities, townships and a couple of major transport companies.

In the family and insurance litigation, I made many appearances in court, conducting motions and trials. I have appeared as counsel at several tribunals, including the Criminal Injuries Compensation Board, the Ontario Highway Transport Board and the Liquor Licence Board.

I've made several appearances, over the years, at the planning board for the city of Chatham.

When my partner, John Watson, died unexpectedly in 1986, I found that the solicitor's practice which he had developed was now in my hands. Consequently, the insurance work was eliminated as I pursued real estate and estate work, at the same time maintaining my family law practice. I have recently reduced my family law practice and can devote time to the Consent and Capacity Board as needed.

Over time, psychological and mental health issues have arisen in my practice. After becoming interested in sitting on this board, I have read some of the cases which are found on the board's Web site. I am cognizant that the issues before it are time-sensitive, and I am prepared to provide the time necessary to meet that requirement.

In 1989, I was approached by Judge Clements and Judge Dodd, the sitting judges in Chatham, to be a deputy judge of the Small Claims Court. I accepted that request and have been repeatedly reappointed for subsequent three-year terms. In the early days, the limit of the court's jurisdiction was \$2,500, which was increased to \$10,000 a few years ago. In the last five years, I have been sitting as a deputy judge two or three days a month. I have conducted pre-trials in Sarnia and generally I hear trials in Chatham. With the increase in the monetary jurisdiction, the matters have become more complex and, in many instances, the parties would appear with lawyers. In the pre-trial work, I have been successful in resolving about one half of the matters that have come before me. In some trial matters that I have heard, I have provided written reasons for my judgments. Where I've reserved my judgment, I have always made it a point to deliver the reasons and the judgment within one week, but usually in two or three days.

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In 1996, I attended in Toronto for an intensive four-day workshop in alternate dispute resolution, receiving a certificate from the University of Windsor upon completion.

As to volunteer work, I was involved for five years with the Sertoma club, a service club doing charitable works. I was asked and became a first director the WISH Centre, a centre for the education enhancement and sports centre for area children. I have been on the executive of the Kent Law Association and acted as president in 1999.

The Consent and Capacity Board is mandated to adjudicate in very critical areas involving the freedom of the individual who is afflicted with some mental health difficulty. The board must protect the rights of the individual, at the same time balancing the need to protect that person from harming himself or members of the public.

I bring to the Consent and Capacity Board an ability to listen, 30 years' experience as a lawyer, life experiences and judicial experience. I'm qualified for the position as a lawyer member on the Consent and Capacity Board and ask for your approval of my application. Thank you.

The Chair: Thank you, Mr. Comiskey, for your opening remarks. We'll begin any questions with the third party.

Ms. Horwath: Mr. Comiskey, as part of the process that we usually undertake, do you belong to any political party?

Mr. Comiskey: Yes.

Ms. Horwath: Can you tell me which one, please?

Mr. Comiskey: I'm a member of the federal Liberal Party, and I am a Liberal.

Ms. Horwath: Do you donate to the Liberal Party?

Mr. Comiskey: Yes, and in the past I think I have donated to the Conservative Party as well.

Ms. Horwath: That's for the record. I appreciate you being upfront about that. Do you work on political campaigns?

Mr. Comiskey: Not really, no. I'm sort of—

Ms. Horwath: So they can't get you out to the campaign, but they can get your money. I'm only pulling your leg.

Mr. Comiskey: Yes and no on that situation.

Ms. Horwath: Mr. Comiskey, I wanted to ask you some questions to try to get a sense of where you're coming from in terms of participating on the Consent and Capacity Board. I don't know if you're aware, but there is a current review being undertaken by the Ministry of Health and Long-Term Care by a consultants' group. I've unfortunately heard some criticisms of that review, so I thought it was important to call people who are applying for the Consent and Capacity Board to just get on the record some of their opinions about various issues.

I wanted to start with asking a little bit about your perspective on community treatment orders. Because of your legal background, you may know that there are legal issues around the community treatment order and whether or not they are constitutional. Maybe if you could start with that and then I'll give you a chance maybe to talk a little bit more from a personal perspective as to whether you think they're an effective tool.

Mr. Comiskey: The first thing I can tell you is that in about eight months, I might be able to answer that question—or so. I'm just guessing. I haven't been trained for the Consent and Capacity Board. I know that's something that's going to happen before I am allowed to sit as a full-time member, I guess, or as a presiding member on the panel of three who sit on the Consent and Capacity Board. I really can't speak to that issue at this time, but ask me in another eight months and I probably would have an opinion.

Ms. Horwath: You can't speak to which issue? The legal issues around the community treatment order?

Mr. Comiskey: Yes, the community treatment order, because I'm not really quite familiar with those as yet. I do know they exist—

Ms. Horwath: OK. So you don't necessarily understand what the role of the community treatment order is in the process.

Mr. Comiskey: I really don't.

Ms. Horwath: Oh, OK. That was kind of one of the most important things I wanted to probe with you.

Let me ask you, then, around issues of determining whether a patient poses a threat. You know that the psychiatrist has to make their best judgment on that and those are the kinds of issues you'll be reviewing. Do you have any familiarity with that particular issue?

Mr. Comiskey: Unfortunately, not enough to be able to give you comments on that. I do know from my background as a judge—and I assume the same thing will apply quite handily on this board—that you listen to the facts, find out what the facts are, apply the law to them and make a judgment. I've done that in the past as a judge in Small Claims Court and I feel quite confident that, given the proper training and understanding of the full consequences of the legislation, I will be able to make the same judicial determination.

Ms. Horwath: You talked in your opening remarks about some of your broad experience in family law and different areas of the law. Have you ever done any volunteer work or paid work for people with mental health concerns?

Mr. Comiskey: That's an interesting question that you've asked, because in my practice sometimes people come to me who are definitely having some difficulties, either psychologically or with some kind of a mental illness. While other lawyers may be paid for it, I've sometimes done that for free. I've helped them the best I can, given them the encouragement to do things like seek medical assistance and made sure that they were taken care of.

Ms. Horwath: So you would say you have a fair amount of exposure to, and experience with, people with mental health concerns?

Mr. Comiskey: It's just that those issues come up in your practice. In family law, a real example of that is the husband and wife. Whenever one of them arrives at your doorstep, they have really had some difficulties in their life. They come fraught with psychological problems that are sometimes overwhelming. You have to make sure that you direct those people to at least seek medical help. If you have concerns, there must be something to be concerned about.

Ms. Horwath: Are you familiar with the Supreme Court ruling concerning an individual's right to refuse treatment?

Mr. Comiskey: Not fully. I think I've seen something about it, but I'm not really in a position to try to comment on that particular case.

Ms. Horwath: The Starson case—

Mr. Comiskey: Yes, I do remember something about that.

Ms. Horwath: Do you have any thoughts particularly on that difficult issue of determining an individual's capacity to refuse treatment?

Mr. Comiskey: I really haven't developed a thought process with respect to that. It didn't come through my training. I know that's a very difficult situation. I know it's something that, no doubt, the Consent and Capacity

Board has to deal with. But as I said, the training that I haven't received yet, which I hope to get if I am approved, will enable me to make some proper decisions with respect to that issue.

Ms. Horwath: In my discussions with advocates, both people who are consumer survivors of the mental health care system as well as workers who work on the front lines with people with mental health disabilities, it's been mentioned to me that there is a concern that the Consent and Capacity Board is often weighted more heavily from the legal and medical perspective. Unfortunately, the people before that board often feel that their circumstances and their illnesses are not well understood, and that the analysis that's done in the decision-making process is often very clinical or very legalistic. I'm wondering if you've ever heard any criticisms of that nature, and would you be prepared to at least consider those kinds of criticisms as you go forward in this appointment?

Mr. Comiskey: I haven't really heard about those criticisms at all, quite frankly. If there's something that develops where I'm sitting, and I see certain things happening and think there can be some help or some suggestions made, I think I'm quite prepared to step up and do that.

1040

Ms. Horwath: That's excellent. Could you just remind me how you came to apply for this particular position?

Mr. Comiskey: A friend of mine who is a lawyer member in Chatham, Steve Fuerth, came to me back in the winter—the end of March, I think it was, or the middle of March—and told me that he had been speaking to a psychiatrist member from the Chatham area who had indicated that there was a need for member lawyers in the Chatham area, and would I be interested? I really didn't know anything about the Consent and Capacity Board, so I asked him how that worked. He told me what was involved, just in a peripheral way, and it sounded like something I should do. So I sent in my resumé to the Consent and Capacity Board, and now I've ended up—

Ms. Horwath: And here you are.

The Chair: Thank you, Ms. Horwath. To the government side.

Mr. Parsons: We have no questions. We want you to leave happy, because some of us may be appearing before you some day.

The Chair: Any predictions, Mr. Parsons?

Mr. Parsons: I'm looking in the mirror right now.

The Chair: The official opposition.

Ms. Scott: Thank you for appearing before us here today. You come with a large background of knowledge. You're going to be sitting on the board as a lawyer, and you're going to be sitting with psychiatrists and other members on the committee. I wondered if you could just give a little view—you've talked to your friend who was on the board—of your role or capacity. There's going to be a large learning curve. I will ask you if you know how long the training sessions involved are and, in your

capacity as a lawyer, what kinds of cases you might see where your background will assist you in making decisions. There are a couple of questions there.

Mr. Comiskey: The thing that I think is most important is that I come to the Consent and Capacity Board with judicial experience. The amazing thing about sitting as a judge, even in Small Claims Court—where the issues have been \$10,000 and where there have been many different kinds of suits in that court brought before me—is that you listen to them, you make the determination of what the facts are that are relevant, and you make a decision. I bring that to this board.

To try and answer some of those questions that you had in there, I know that the board sits generally as a three-person panel, with a lawyer member, a psychiatrist and a community member. Together, they make the decision concerning the patient whose particular problem they are reviewing.

From what I understand, the majority of the work has to do with the involuntary admission of patients to psychiatric hospitals or wards, and it is a review of that. I know that it is time-sensitive. I know that the person gets a rights adviser. This is just what I have gathered from talking with my friend. A rights adviser must advise that person within a day, or 24 hours, of them receiving a certain form. I have to backtrack again and say that I think I'm going to be trained in what those forms are and how that all works. That rights adviser tells that involuntary patient that they have the right to have a review of this before the Consent and Capacity Board. Within seven days, I believe it is, a Consent and Capacity Board hearing has to be held to listen to that particular problem. Witnesses are called, the doctor is called, and the patient can have a lawyer present. I don't know who all can appear, but I'm sure that it's relatively open for the lawyer of the patient to call people who are going to be able to put their position forward. So you listen to the facts, you apply the law and make a decision with the two people who are on the board with me. Did that answer that question for you?

Ms. Scott: You did very well. You've acknowledged that there is a lot to learn, and this is the knowledge you're coming from. You have a good grasp of the role of the committee and what they're reviewing. They'll probably be calling on your expertise in some degree, maybe with the Personal Health Information Protection Act. I don't know; do you have a background—it's privacy laws, in general.

Mr. Comiskey: I really don't.

Ms. Scott: OK. I was just wondering; that is an issue that does come up about privacy laws and case files, etc. I just wondered if you had a bit of a background from your legal practice.

Mr. Comiskey: I'm sure that that privacy law—I'm not very familiar with it—is in place to protect the individual, and obviously, that's what I will hopefully learn on this learning, if I get to that level.

Ms. Scott: You have a good background, and Ms. Horwath did a good job of asking questions previously,

so I think that I'm finished. Thank you very much for appearing.

The Chair: Great. Mr. Comiskey, thank you very much. This does conclude our interview. We will move next into our votes on members' feelings about the appointments. If you don't mind, please step back, and we will proceed.

Mr. Comiskey: Thank you very much.

The Chair: You're welcome to stay to see the concurrence votes.

In order of the intended appointees that came before the committee, we will now consider the intended appointment of Caryn Wolfe, an intended appointee as member of the Ontario Review Board.

Mr. Parsons: I would move concurrence.

The Chair: Is there any debate or discussion?

Ms. Horwath: I just wanted to say that I was a little bit concerned in both of these interviews around the candidates not having a good grasp of mental health rights issues; that concerns me. Notwithstanding the fact that this is a public appointment, in the interview process it clearly was indicated to me that Ms. Wolfe doesn't have a lot of experience in that vein. Having said that, though, unlike some of the other candidates who have come to this committee, at least I get the sense that she has the capacity to learn and to understand, given a little bit of time—probably not too much.

Although I still have my concerns and want to get them on the record, I think that Ms. Wolfe, although she doesn't have very much of that experience now, hopefully will be able to use her previous experience to get up to speed fairly quickly. I'll just leave it at that.

The Chair: Thank you, Ms. Horwath. I apologize for the distraction of the noise. The clerk is looking into that. Everything came through OK on Hansard? OK, super.

Are there any other comments or debate on Ms. Wolfe's intended appointment? No. Then I will move the question. All those in favour of the motion? Any

opposed? It is carried. Ms. Wolfe, congratulations, and all the best on the board.

We will now consider the intended appointment of J. Bernard Comiskey. Mr. Comiskey is an intended appointee as a member of the Consent and Capacity Board.

Mr. Parsons: I move concurrence, please.

The Chair: Debate or comments?

Ms. Horwath: Again, I wanted to put on the record the fact that I still have concern that Mr. Comiskey, although he is a lawyer member and has extremely pristine qualifications in regard to his legal background, he was unable to even discuss the community treatment order issue, and that's probably the most controversial issue that exists within the Consent and Capacity Board. I'm concerned again about the understanding about mental health issues and of mental health rights of people who have mental illnesses. In that regard, I lay those concerns on the table; I think they're important to get into the record. However, I do acknowledge that he does have significant experience and can bring the legal piece to the table in terms of his background. I won't vote against or ask for any recorded vote, but I do want to make sure that those issues are on the record.

The Chair: Any other comments? Then I will call the question. All those in favour of Mr. Comiskey's appointment? Any opposed? It is carried. Mr. Comiskey, congratulations and best wishes on the Consent and Capacity Board.

We have now concluded our intended appointees for the November 2 meeting. Is there any further business from the members of the committee?

I remind members, if you need reminding, that next week is constituency week, so the committee will not meet again until two weeks hence, which would be Wednesday, November 16, at 10:00 a.m. We should try to get together sometime next Wednesday.

Folks, thank you very much. Our meeting is adjourned.

The committee adjourned at 1050.

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