

May 30, 2019

Mr. Bill Casey, M.P.
Chair, Standing Committee on Health
House of Commons of Canada

Subject: Standing Committee on Health's Study on Violence Faced by Healthcare Workers in Hospitals, Long-Term Care Facilities and In-Home Care Settings

Dear Mr. Casey,

I am writing on behalf of the Ontario Medical Association (OMA), a membership organization that represents the interests of doctors, residents and medical students in Ontario.

The OMA is profoundly concerned about the violence physicians and allied healthcare workers face. We very much appreciate and welcome the opportunity to contribute to the House of Commons Standing Committee on Health's study about violence faced by healthcare workers in hospitals, long-term care facilities and in-home care settings.

The OMA's studies have shown that violence against healthcare workers is a systemic concern, impacting physician wellness, as well as our overall ability to best care for the health and well-being of our patients.

Our conclusions have found that by addressing the issue of violence against healthcare workers, the government can also address some of the underlying concerns related to physician burnout and the long-term sustainability of the healthcare system. We would like to share some key findings that may serve the HESA committee in its study of this issue:

- In a survey of 720 primary care physicians in Canada, nearly one-third of respondents had been exposed to aggressive behaviour from a patient (90%) or patient's family (70%) in the previous month. Nearly all reported having at least one abusive incident during their career; three-quarters of those were major incidents (e.g., sexual harassment), whereas 39% were severe (e.g., assault, sexual assault or stalking).
- As far as other healthcare workers go, there are more reported incidents of violence against nurses in Canada than firefighters and police officers *combined*.
- We have found that violence against physicians is associated with increased stress, alcohol consumption and the risk of developing mental health problems, including depression, anxiety and suicidal ideation. It may also result in absences, physical problems, quitting or refusing to work in high-risk areas, and compromised patient care.
- Burnout in the workplace, an increasing concern both generally and within the medical profession, has been linked to both exposure to, and fear of, violence in the workplace internationally.

Most concerning from our perspective, is that three-quarters of those physicians who had an abusive encounter in the previous month did not seek help, and 64% did not report the incident. More than half of those physicians were not aware of any policies to protect them.

While medical associations like ours can step up to help inform our membership about the mechanisms and policies to protect physicians in these situations, we firmly believe there is an opportunity for the federal government to step up and better protect physicians, too.

Other jurisdictions are leading the way in addressing this issue with at least 30 American states having passed legislation to make it a felony to assault hospital workers. Changes to the Canadian Criminal Code were proposed and agreed to in 2015 (and again in 2016) in motions at the CMA's General Council as one way of dealing with this serious matter of violence against physicians. Ontario's doctors are speaking up now too, with a similar motion passed at our November 2018 OMA Fall Council Meeting.

The OMA supports the Canadian Medical Association's recommendations. Most importantly, **Ontario's doctors call on the HESA Committee to amend the Criminal Code to make it a specific offence to assault health care providers performing their duties.**

The OMA proposes that language be added to the Criminal Code that treats violence against healthcare workers in a manner like peace officers at section 270:

270. 1. Everyone commits an offence who

- a) *assaults a public officer or peace officer engaged in the execution of his duty or a person acting in aid of such an officer;*
- b) *assaults a person with intent to resist or prevent the lawful arrest or detention of himself or another person; or*
- c) *assaults a person*
 - i. *who is engaged in the lawful execution of a process against lands or goods or in making a lawful distress or seizure, or*
 - ii. *with intent to rescue anything taken under lawful process, distress or seizure.*

2. Everyone who commits an offence under subsection 1. is guilty of

- a) *an indictable offence and is liable to imprisonment for a term **not exceeding five years;** or*
- b) *an offence punishable on **summary conviction (maximum \$5,000 fine and/or 6 months in jail).***

We believe that these changes will enable a simpler means of pursuing those who commit violence against health care workers. Together with strict penalties, this will serve both as a deterrent to such violence as well as a recognition of the important role physicians and other health care workers play overall in our society.

Ontario's 41,000 doctors care for more than 300,000 patients every day. Our focus is on frontline care and making sure it works for the people of Ontario.



We appreciate the opportunity to inform the Standing Committee on Health's study of this important issue from a provincial perspective, and trust that the Committee will consider the voice of physicians in Ontario.

Sincerely,

Dr. Sohail Gandhi
President

c.c. Dr. Gigi Osler, President of the CMA
Ms. Marilyn Gladu, M.P., Vice Chair of the Standing Committee on Health
Mr. Don Davies, M.P., Vice Chair of the Standing Committee on Health