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Monday 30 October 2006

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Lundi 30 octobre 2006

**Standing committee on
social policy**

Traditional Chinese
Medicine Act, 2006

**Comité permanent de
la politique sociale**

Loi de 2006 sur les praticiennes
et praticiens en médecine
traditionnelle chinoise

Chair: Shafiq Qadri
Clerk: Trevor Day

Président : Shafiq Qadri
Greffier : Trevor Day

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE ON
SOCIAL POLICY**

**COMITÉ PERMANENT DE
LA POLITIQUE SOCIALE**

Monday 30 October 2006

Lundi 30 octobre 2006

The committee met at 1005 in room 1.

TRADITIONAL CHINESE
MEDICINE ACT, 2006

LOI DE 2006 SUR LES PRATICIENNES
ET PRATICIENS EN MÉDECINE
TRADITIONNELLE CHINOISE

Consideration of Bill 50, An Act respecting the regulation of the profession of traditional Chinese medicine, and making complementary amendments to certain Acts / Projet de loi 50, Loi concernant la réglementation de la profession de praticienne ou de praticien en médecine traditionnelle chinoise et apportant des modifications complémentaires à certaines lois.

The Chair (Mr. Shafiq Qaadri): Ladies and gentlemen, colleagues, good morning. I call the standing committee on social policy to order. As you know, we're here to begin hearings on Bill 50, An Act respecting the regulation of the profession of traditional Chinese medicine, and making complementary amendments to certain Acts.

SUBCOMMITTEE REPORT

The Chair: I would invite one of the committee members to please enter into the record our subcommittee report. Dr. Kular, would you care to? Mr. Fonseca? I need the subcommittee report to be read into the record.

Mr. Peter Fonseca (Mississauga East): Do I have it, Mr. Chair? Yes.

Your subcommittee considered on Tuesday, October 24, 2006, and Thursday, October 26, 2006, a method of proceeding on Bill 50, An Act respecting the regulation of the profession of traditional Chinese medicine, and making complementary amendments to certain Acts, and recommends the following:

1. That the committee requests authorization for the House leaders to meet at the call of the Chair on October 30 and 31, 2006, for the purpose of considering this bill;

2. That, if authorized, the committee meet in Toronto on October 30 and 31, 2006, from 10 a.m. to 12 noon and 3:30 p.m. to 6 p.m., for the purpose of holding public hearings;

3. That the committee clerk, with the authorization of the Chair, post information regarding public hearings in English in the Globe and Mail, the Toronto Star, the Toronto Sun and the National Post on Saturday, October

28, 2006, and that an advertisement also be placed on the Ontario parliamentary channel and the Legislative Assembly Web site;

4. That members of the subcommittee forward contact information for groups and individuals who wish to be considered to make an oral presentation to the committee clerk's office by 12 noon on Thursday, October 26, 2006;

5. That interested parties who wish to be considered to make an oral presentation contact the committee clerk by 10 a.m. on Monday, October 30, 2006;

6. That groups and individuals will be scheduled on a first-come, first-served basis from the committees branch database and list provided by members of the subcommittee until all spaces are filled;

7. That groups and individuals be offered 10 minutes for their presentation. This time is to include questions from the committee;

8. That the deadline for written submissions be 12 noon on Friday, November 3, 2006;

9. That a summary of presentations be prepared by the research officer by Monday, November 6, 2006;

10. That, for administrative purposes, proposed amendments be filed with the committee clerk by 5 p.m. on November 7, 2006;

11. That the committee meet for the purpose of clause-by-clause consideration on Tuesday, November 14, 2006; and

12. That the clerk of the committee, in consultation with the Chair, be authorized prior to the adoption of the report of the subcommittee to commence making any preliminary arrangements necessary to facilitate the committee's proceedings.

The Chair: Thank you, Mr. Fonseca. Is there any debate on this particular subcommittee report? Seeing none, may I have a motion for its adoption? Those in favour? Any opposed? Adopted.

We'll now move to our scheduled hearings. I invite our first presenter. Ms. Martel.

Ms. Shelley Martel (Nickel Belt): On a point of order, Mr Chair: I had asked Mr. Patten, who I know is going to be leading this on behalf of the government, if legal staff could be present this morning to provide me with clarification about a particular section of the bill, section 18. I'm wondering if we can do that now. I don't think it will take that long, but I think it's quite critical to people's understanding of the bill. If they are here, it would be helpful.

The Chair: Ms. Martel, if I might, with your permission, seek the guidance of the committee's will: We have about 30 people or so to present and I'd be very pleased to allow that, if you will allow us at lunchtime to reserve 10 minutes eating into our lunch, if that's okay. Is that the will of the committee?

Mr. Fonseca: At lunchtime?

The Chair: Is that suitable, Ms. Martel?

Ms. Martel: If we can sit 10 minutes longer to hear the last presentation at lunchtime, I'm agreeable to that.

The Chair: Actually, it was the other way around. I was going to allow the ministry staff to answer your question at lunchtime.

Ms. Martel: If I might, Chair, I think what the ministry tells us about this particular section will have an impact on a number of the presentations we're going to hear.

1010

The Chair: All right, let's proceed to that. Will the ministry people please come forward, and if you might very efficiently execute this.

Ms. Christine Henderson: Thank you, Mr. Chair. My name is Christine Henderson. I'm legal counsel with the Ministry of Health and Long-Term Care. Stephen Cheng is also here. He is a policy adviser to the ministry in this area of regulated health professions.

Ms. Martel: Thank you. My concern is on page 6 of the bill, section 18. Under that particular section, my understanding is that the government is amending the RHPA by revoking those provisions that allow anybody to perform acupuncture; and this section is adding the provisions about who can practise or perform acupuncture.

Ms. Henderson: That's correct.

Ms. Martel: The question I have has to do with subsection 2, "a person who is a member of a college." I am assuming that is a member of one of the regulated health professions.

Ms. Henderson: Exactly. "Members" are defined terms under the RHPA, as are "colleges," the health regulatory bodies that are the governing bodies for members.

Ms. Martel: And there are 23 of those?

Ms. Henderson: There are 23 health professions.

Ms. Martel: So we could be talking about a potential of 23 regulated health professions, members of whom could practise acupuncture?

Ms. Henderson: To answer that question, I think we have to have regard to the actual provision. It actually reads, "A person who is a member of a college" may perform acupuncture—I'm paraphrasing—"in accordance with the standard of practice of the profession and within the scope of practice of the profession." That puts some limitation on what that acupuncture service is for each member of a college who is providing acupuncture.

Ms. Martel: I have two questions about that. I went through the scope of practice of all of the regulated health professions. They're included in our binder, as well. If I read that, I couldn't tell who's allowed to practise acupuncture, because the word "acupuncture"

doesn't appear in anybody's scope of practice in their own legislation, be it the Nursing Act etc. Then we went through the standard of practice for acupuncture of a number of regulated health professions. Some were very fulsome—a college of chiropractic, physiotherapists, for example; others were not so fulsome.

So if I look at the scope of practice, I can't tell who can perform acupuncture, because this scope of practice doesn't mention that word, so I don't know what word I'm supposed to be looking for. If I look at the standard of practice, those vary greatly from one regulated health profession to another.

Ms. Henderson: As you may know, this exempting regulation may exempt a person or an activity from subsection 27(1) of the RHPA.

Subsection 27(1) says that only a member of a college who is authorized to perform a controlled act or, in the case of a delegation—can there be the performance of a controlled act.

The exempting regulation may exempt a person or an activity from that general rule. Currently, anyone in Ontario may perform acupuncture, which is a procedure performed below the dermis, as I understand it. While the term "acupuncture," as you've correctly stated, is not set out as a controlled act, it is currently in the exempting regulation providing for anyone to perform that service.

Again, this new amendment will revoke the existing provision allowing anyone to perform, and it puts the performance of the procedure within the regulatory college framework so that members who are subject to the complaints and discipline processes and who perform the procedure within the scope and the standard of the profession may perform it.

Ms. Martel: So it's up to the individual colleges to determine the standard by which they judge their members or the standard that they set for members who want to provide acupuncture?

Ms. Henderson: Yes—for acupuncture and for all other procedures that the members perform.

Ms. Martel: The government—

The Chair: I'm going to intervene, Ms. Martel, with respect, for a couple of reasons. As I mentioned, we have about 30 presenters today, and our legislative counsel and legislative research is available for any further clarification. As a point of fact, we haven't actually officially requested a full ministry briefing so I will, with indulgence, move ahead now.

CANADIAN ASSOCIATION OF ACUPUNCTURE AND TRADITIONAL CHINESE MEDICINE

The Chair: I invite our first presenter on Bill 50, the act to regulate traditional Chinese medicine, and that is Mr. James Yuan, president of the Canadian Association of Acupuncture and Traditional Chinese Medicine. Welcome, Mr. Yuan.

I will, with respect, just remind everyone of the procedure for today. Each individual, be it as a represent-

ative of an association or as a private citizen, will have 10 minutes in which to make your complete presentation. Should you, for example, go five or six minutes and there's some time remaining, that will be distributed evenly amongst the parties for various questions. Mr. Yuan, I will invite you to begin now, sir.

Mr. James Yuan: Good morning, Mr. Chairman. Good morning, members of Parliament. Thank you for the opportunity for me to make the following presentation on behalf of the more than 800 members of the Canadian Association of Acupuncture and Traditional Chinese Medicine. It has always been our position that in order to protect the rights and safety of the general public and to ensure the quality of the care provided by the practitioners of acupuncture and traditional Chinese medicine, it is of paramount importance to set up appropriate regulations and professional standards. The major beneficiaries of the process will be the patients and the health care system in Ontario. But Bill 50 allows different standards to be applied to different health care professions regarding the use of acupuncture. Furthermore, even though Bill 50 makes provisions to grant the title of doctor to those who meet the criteria as yet to be set up by the proposed college, doctors of TCM are not given any of the rights and privileges of any of the other regulated health professions who have also been granted the use of the title of doctor.

I would like to make the following comments on Bill 50. First, TCM is an independent medical science with its unique diagnostic and treatment modalities such as acupuncture, herbal medicine and tuina. Furthermore, a qualified TCM doctor should have the right to communicate a diagnosis, be able to order tests or X-rays, or move the joints of the spine beyond their normal physiological range and so on. If TCM doctors do not have access to any of the controlled acts, the title of doctor holds no authority in the eyes of the law.

Second, what is the definition of "adjunct therapy" when applying acupuncture? Is it based on the number of needling points or according to the nature of the disease? What is the standard used to distinguish using acupuncture as adjunct therapy from proper acupuncture treatment? As a professional, the use of a single needle or any medication must be justified and backed up by medical theories and appropriate academic training to achieve effective therapeutic treatment. Using acupuncture as adjunct therapy without the proper academic training will lead to unsafe situations.

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Bill 50 allows different standards to be applied using acupuncture as adjunct therapy, and in proper professional acupuncture treatment. At the present time, other regulated health professions require only a minimum numbers of hours in acupuncture, such as several weekend training sessions for their members to use acupuncture as adjunct therapy, whereas a proper acupuncture practitioner would have received 2,000 or more hours of training to be qualified to practise acupuncture. And yet to the general public, they appear to be

performing the same treatment. The acupuncture training received by a member of other regulated health professions does not guarantee safe and effective practice, and it puts the safety of patients at great risk. At the same time, it is most unfair to those who have received appropriate professional training in acupuncture.

We would like to see Bill 50 amended to give a qualified TCM doctor the rights and privileges that a doctor is entitled to; that is, to have the right to communicate the diagnosis; to be able to order tests or x-rays or move the joints of the spine beyond the normal physiological range and so on, so that they can provide better service to their patients. We would also like to see Bill 50 amended so that anyone who practises acupuncture must meet the same required standards. There should only be one set of professional standards for the sake of patient safety.

The Chair: Thank you very much, Mr. Yuan. We have limited time, but we'll begin with Ms. Witmer: about 30 or 40 seconds, please.

Mrs. Elizabeth Witmer (Kitchener-Waterloo): I see you're looking for some amendments to the legislation. You're looking for qualified TCM doctors to have the rights and privileges that a doctor is entitled to, and you do list them. You also say that you'd like to see the bill amended in order that anybody who practises acupuncture would have the same standards. What are you concerned about regarding patient safety, if that does not happen?

Mr. Yuan: Thank you for your question. You know, you think that acupuncture is a treatment method of traditional Chinese medicine strongly related to Chinese medicine theory. Even if you use one needle, you should have the whole knowledge. Like a medical doctor, if they use medication, they should be using the whole knowledge for the patients.

The Chair: Mr. Yuan, with respect, I will need to move ahead with Ms. Martel.

Ms. Martel: Actually, if you want to keep going and finish off your thought, go ahead.

Mr. Yuan: Yes, no problem.

Ms. Martel: that's the same thing you're concerned about—

Mr. Yuan: Same question, yes. If some professions want to use acupuncture, no problem, if they can give good service to the patient. This we hope. But one profession should be one single standard. This provided, too, in the law. This is a big concern. Most Chinese medicine doctors are concerned about that, because we know this medicine.

The Chair: Thank you, Ms. Martel, for yielding your time. We go to the government side, if there are any questions?

Mr. Fonseca: Yes. Thank you, Mr. Yuan and your association, for your presentation and for your comments.

I have to say that the focus on safety is something that was, first and foremost, in front of this government in terms of making this decision, this commitment to move forward with traditional Chinese medicine and its regu-

lation. It wasn't done by the previous governments. We want to make sure that the people in Ontario are safe and that they know when they access traditional Chinese medicine that they are getting a standard of practice that is the best that can be offered by the practitioners.

Mr. Yuan: I want to say that every Chinese medicine doctor, including our association, wants regulation. We've been promoting this for 20 years—from 20 years ago. Right now, we are happy that maybe we can get regulation.

The Chair: That's great. Thank you, Mr. Yuan, for your presentation on behalf of the Canadian Association of Acupuncture and Traditional Chinese Medicine, as well as for your written submission.

DAVID DONG LIU

The Chair: I would now invite our next presenter to come forward, and that is Mr. David Dong Liu.

Applause.

The Chair: I believe that was applause for the committee's wisdom. We accept it. I now invite Mr. David Dong Liu to begin his presentation.

As you've seen, Mr. Liu, you have 10 minutes in which to make your combined presentation. Please be seated and please begin.

Mr. David Dong Liu: Good morning, MPPs. Good morning, everyone. Today, I'm very proud to be here, to be a Canadian citizen here in Ontario.

I was a physician back in China. I was also a health educator, teaching medicine in university. When I came to Canada, I've been practising acupuncture for six years.

I support Bill 50. For today's hearing, there are two subjects I need to mention. Number one is that tuina therapy should be regulated as a part of traditional Chinese medicine practitioners. Secondly, just like Dr. Yuan said earlier, we need one standard of acupuncture, not 23 standards. One standard is very important. So let me give you the details.

The object today, number one, in regulating acupuncture and traditional Chinese medicine is to protect public safety and ensure the high standard and quality traditional Chinese medicine and acupuncture care.

Number two, I'm very proud that Bill 50 recognizes and respects the integrity and the philosophy of traditional Chinese medicine culture and acupuncture.

Number three is to ensure Ontarians have equality, fairness and the freedom of choice for their medical care.

The last one is to help to improve the health of Ontarians, reduce health care costs, shortening waiting lists and assisting the government and all Ontarians to move to shorten the waiting time for emergency care.

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Tuina therapy is manipulation, treatment and skilled technology. It's a combination of the Chinese unique massage, manipulation, bone setting for both chronic pain and acute disease. So in China—and in Korea too—they have tuina hospitals in most cities. Even in every western hospital, the tuina department is for rehab or for some chronic illness.

Most significant, I have been teaching tuina for four years in the Ontario College of Traditional Chinese Medicine. Most of our students learn the five skills for tuina:

Number one, skills to treat bedwetting children. Lots of children, 10% of the paediatric, zero to six, wet their beds at night. That bring headaches for their parents. It reduces the quality of life for the children and their parents. So tuina is a single traditional medical procedure that can help those patients, 10% of children. No medical, no pills, no chemicals, no punishment, so it's a very useful medical skill.

Also, tuina for rehab, national standard: an organization to produce scientifically based reviews of the complementary and alternative medicine that is called natural standards. Most diseases, for example, nausea, motion sickness, low back pain, post-operative pain—over 29 conditions can be treated successfully by tuina therapy.

It is very satisfying to people in east Asia. Ontario has a large Asian population today, so tuina therapy should, and I hope will, be part of the traditional Chinese medicine in Bill 50 that will increase the quality of care, the standard of care.

Second, and very importantly, we're talking about one standard of acupuncture.

I was working on this paper until 3 o'clock last night, and I woke up at 5 o'clock this morning to edit it. At the beginning, it was 10 pages, but I made it two pages. Yes, this morning at 5 o'clock I woke up. I mention that we cannot have 23 standards for acupuncture—only one standard.

Most neuromuscular pain is dramatically improved by acupuncture. For this reason, I see in Bill 50 that one big mistake is talking about TCM acupuncture and western acupuncture. One big mistake is that there should be no significant difference between TCM acupuncture and medical acupuncture. I'll try to go to review if you need it—refer this request. So medical acupuncture is only acupuncture operated by doctors—the American Association of Medical Acupuncture. The reason that in Ontario only McMaster has a medical acupuncture program is that there are no regulations in Ontario. So even after 10 months of training, massage therapists or barbers can go to McMaster to study acupuncture. That is shameful.

There are a lot of risks for acupuncture, besides a great dramatic success rate in clinical use—a small risk I mention here the most risk: brain damage, stroke, nerve and muscle control problems, if acupuncture is treating the nerves and you injure the nerves, and pneumonia. Lots of people have a little hole in the sternal bone, so if people insert a needle, even just one inch, it could damage the heart. And acupuncture can sometimes terminate a woman's pregnancy—if there is misuse of the acupuncture point, they can have a miscarriage—or increase her ability to be pregnant.

The practice of acupuncture is very safe. For most doctors of acupuncture, it is a very simple procedure based on a body of knowledge and the competency of

their skills. So in order to protect the public's health and safety, to give people the equality of freedom of choice of health care—

The Chair: Mr. Liu, I'd like to thank you on behalf of the committee for your presence and for the excellent documentation you provided us regarding the therapies you've discussed.

Mr. Liu: Thank you very much.

TORONTO SCHOOL OF TRADITIONAL CHINESE MEDICINE

The Chair: I would now, with respect, invite our next presenter, Dr. Mary Xiumei Wu, the president of the Toronto School of Traditional Chinese Medicine. Ms. Wu, please come forward and be seated. Your material is being distributed by the clerk, and I invite you to begin now.

Dr. Mary Xiumei Wu: Good morning, ladies and gentlemen. It is my pleasure to be here today and to get this opportunity. I don't know how to express my gratitude and my excitement. Normally, I'm quite calm, but today I'm so excited about this. First of all, I would like to express our gratitude to our government for bringing the bill to this stage. Also, I would like to thank the honourable Elizabeth Witmer and the previous government, which helped so much in trying to move the regulation of traditional Chinese medicine and acupuncture forward, and Ms. Martel—certainly, we talked about it—for your input and support for the regulation of traditional Chinese medicine.

Saying all of that, I really feel that the regulation of this profession will bring Ontarians a safer, more effective and better quality of TCM service. However, Bill 50 is not perfect and there are some things that we need to deal with, and I hope that you hear me today loud and clear, because when I presented last time, many points were not heard; I said and said these things but was not heard. So in the past few weeks, I have spent a tremendous amount of time, more than full time—double time—studying Bill 50. This morning I have brought two suitcases of textbooks that I would like to show you, but I didn't know how to do it. So I would like to ask you, with permission, if this afternoon or tomorrow I could bring those books to show you, to just put them on your desk so that you can flip through.

In order to see why Bill 50 is not perfect and why we need to make amendments—I think, after hearing all this, you're going to hear a lot more—I have identified a couple of issues. First of all, the intention of Bill 50 is great: to protect the public and also to establish standards for the practice of traditional Chinese medicine, including acupuncture. However, I do feel that this bill will not protect the public effectively and will not regulate the practice of traditional Chinese medicine and acupuncture properly. The reason is that traditional Chinese medicine is a comprehensive medical paradigm, and a distinct one as well, and the treatment modalities have some potential harms that were not identified and defined. So the treat-

ment modalities are not defined and are not going to be controlled, except acupuncture now, which we took back as a controlled act. But all the other modalities will still be left in the domain of the public, and I'm going to talk very briefly about what the harms are and so on.

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Also, the restricted titles are not complete. Traditional Chinese medicine has three major modalities and therefore three major specialties: acupuncture, Chinese herbal medicine, tuina massage, and then the comprehensive practice. We don't have all the titles covered. Also, TCM is not fully recognized and not fully respected. There are some terms that we're not even allowed to use in the legislation, such as "diagnose," "treatment," and even "medicine." So we are now creating a bill where we are regulating some things, regulating some people, but not regulating all those things. That is a problem in this bill. Now, if I decide not to join the college and not to call myself a doctor of TCM or an acupuncturist, I can pretty much still practise most of the modalities of TCM. That may drive our industry underground, and also the standards will not be set. So I have made some recommendations here. You should all have a copy:

- (1) We have to protect the public effectively, and also ensure the safety, effectiveness and quality of TCM care.
- (2) Recognize and respect the philosophy and integrity of traditional Chinese medicine.
- (3) Ensure the public has informed, fair access to choice in health care.
- (4) Ensure equality among the health care professions.
- (5) Help improve the health of Ontarians, and also reduce health care costs and shorten our waiting lists.

I do believe that traditional Chinese medicine can play a much more significant role for our aging population, for our health care system, for our government and for all Ontarians too. Therefore, my first recommendation for amendment of the bill is that the following therapies be incorporated as controlled acts, and that those acts be authorized only to qualified members of the TCM profession:

- (1) Acupuncture: Acupuncture should be included as a controlled act here under "Performing a procedure on tissue below the dermis." But the bill did not clarify this one.
- (2) TCM diagnosis: TCM diagnosis is an essential and critical factor for safe and effective treatment among all. It's one of the most important characteristics of TCM. We treat disease based on the diagnosis and differentiation of syndromes. If heat syndrome is misdiagnosed or ignored, then the treatment will be totally wrong. With acupuncture treatment, we have a manipulation called "setting the mountain on fire," where if the body is very cold, acupuncture manipulations can "set the mountain on fire." That's how hot it is. So if used wrongly, there will be problems.
- (3) Tuina massage: As David Liu just mentioned, there is so much to talk about.
- (4) Prescribing, compounding and dispensing Chinese herbal medicine and natural health products: This also should be a controlled act.

I know this may have something to do with the federal level. I was involved with Health Canada on a number of expert advisory committees for over eight years, and I know what's going on there: They were waiting for professional regulations. Now we are going to have regulations here, and we do believe that at this time, it is a golden opportunity for us to try to set this thing right.

I've been in contact with BC's college and so on; we keep in contact all the time. I'm also a member of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia. I'm also certified by the National Certification Commission for Acupuncture and Oriental Medicine in the United States. With over 30 years of experience in clinic, with a formal TCM education, five years of university training and also with my over 10 years of TCM education and about 10 years of involvement with the regulation of natural health products and also regulation of our profession, I do believe that those things should be set.

Also, with regard to the restricted titles of the members of the new college, I would like to recommend that in addition to doctor of TCM, in addition to practitioner of TCM, in addition to acupuncturist, we also need to add tuina massage therapist, as well as TCM herbalist.

The TCM profession should be authorized in the following controlled acts, because traditional Chinese medicine is a distinct paradigm. A lot of the things that we do within the TCM scope of practice are also related to these controlled acts. We would like to have TCM serve our people to its best potential, and therefore those things should be authorized to qualified members with the proper training:

- (1) communicating a diagnosis and differentiation identifying a disease or disorder as the cause of a person's symptoms according to traditional Chinese medicine;
- (2) performing a procedure on tissue below the dermis, below the surface of a mucous membrane, for the purpose of acupuncture and its related procedures;
- (3) setting or casting a simple fracture of the bone or a dislocation of a joint by qualified TCM specialists under the supervision of MDs;
- (4) moving the joint of the spine beyond a person's usual physiological range of motion using a fast, low-amplitude thrust;
- (5) administering a substance by injection or inhalation for the purpose of TCM treatments;

Last, but not least, is prescribing, dispensing selling or compounding Chinese herbal medicine and natural health products.

The Chair: Ms. Wu, I'll have to intervene there. I would like to, on behalf of the committee, thank you for your presentation, as well as your written material with regard to your representation on behalf of the Toronto School of Traditional Chinese Medicine.

RICHARD MAO

The Chair: With respect, I would now invite our next presenter, who is Mr. Richard Mao. Mr. Mao, as you've

seen, you have 10 minutes in which to make your combined presentation. Please be seated. That begins now.

Mr. Richard Mao: Good morning, Chair and members, MPPs, ladies, gentlemen. I am the president of the Ontario Chinese Medical Centre. The following is my presentation.

With thousands of years of splendid history, TCM, including acupuncture, has been considered as one of the most effective treatments, proven incontrovertibly by hundreds of millions of cases of clinical practice. Currently, it is being legislated by the Ontario government, this indicating that the curative, active effect has been well recognized. People in Ontario will benefit from this legislation in the form of shortened waiting time of hospitalization, reduced costs of medical care and improved overall health. I believe that it is a very advisable move of the House of Commons and the government. Personally, I strongly support it. But in order to accomplish the original great intention of this legislation, we must repair some serious weakness in Bill 50 to ease the perplexity and misunderstanding of the public and the profession, and also reduce the difficulty and resistance of the implementation.

My suggestions for amending Bill 50 are as follows:

First of all, changing "assessment" to "diagnosis" and granting TCM doctors the right of diagnosis, or mentioning neither "assessment" nor "diagnosis," leaving diagnosis alone as a natural right of TCM doctors. If TCM doctors do not have the right of diagnosis, no one could offer TCM treatment to the patients who want it, since western doctors do not know how to diagnose in the TCM way.

1050

Second, defining the clinical scope of practice of TCM clearly, the scope including prescription of syndrome differentiation, acupuncture, electric acupuncture, fire acupuncture, pricking blood therapy, moxibustion, suction cupping, magnetic therapy, tuina manipulation, scraping, qi guong, tai ji, dietary and music therapy. In the scope of TCM, there are three major specialists: (1) herbalists, (2) acupuncturists and (3) tuina manipulators. One of the purposes of defining the scope of practice is to help consumers to understand and realize the difference between TCM and other medical professions, choose the "best fit" treatments for themselves and avoid wasting time and unnecessary medical disputes. The other purpose is to protect the completeness of TCM theory and technology.

Third, persisting in only one acupuncture professional standard in principle, since acupuncture is a profession. However, in order to achieve the goal of rational unity and balance, it is necessary to classify different situations in dealing with the other 23 medical professions practising acupuncture. On one hand, there is only one standard in acupuncture and its enrolment is just like western medicine for physicians, surgeons, dentists, ophthalmologists and psychologists. Truly, science is not political. In the political field, for example, different parties have their own opinions in governing Ontario;

also in a restaurant, people can choose their own favourite dishes. At this very important time in TCM legislation, I would like to sincerely suggest that all of us respect science and TCM. Do not let an acupuncture professional standard become platforms or menus.

On the other hand, according to the rule of the World Acupuncture Association in 1999, if western doctors would like to practise acupuncture as a supplementary treatment, they need at least 220 hours of training. If they want to be a certified acupuncturist, they need at least 1,500 hours of professional training. This authoritative rule can be fully accepted in Bill 50 to allow western doctors to practise acupuncture. As for those medical practitioners who are not qualified to diagnose and invade skin, they can continue doing acupuncture through the grandfathering rules during the transition period. After this period, the new practitioners will take the exams from the Ontario College of Traditional Chinese Medicine. If the issues mentioned above cannot be agreed on, we can let Bill 50 leave a blank and let the college handle it in future.

Fourth, implementing grandfathering rules should be clarified in Bill 50. Under the premise of protecting consumers' health, we should face and respect the history and reality of TCM practitioners. The government should help them through fair and reasonable professional evaluation to be qualified to continue their practice. This will not only keep their living but will also protect the very small size of the TCM industry.

Fifth, indicating Chinese as one of the languages in the exam for a licence: Chinese is the original language in the science of Chinese medicine, including acupuncture. Therefore, its authoritative position cannot be replaced. At present, many profound theories and some key techniques still cannot be expounded precisely in any language except Chinese. It is a tough challenge to exchange between Chinese and western cultures. Therefore, Chinese must be one of the languages in the exam before the problem is solved. Moreover, many experienced TCM doctors and professors who have very limited English can still contribute their valuable knowledge and experience. This can also strengthen the TCM profession in Ontario.

Sixth, stipulating a public hearing process if any item needs to be amended, added or repealed: No important item in Bill 50 should be changed without a hearing process, which should especially listen to the TCM society.

The Chair: Thank you very much, Mr. Mao. Again, we have very limited time, but we'll begin with Ms. Martel of the NDP.

Ms. Martel: Thank you very much for your participation here today. What would you think of having essentially two definitions and then two standards for acupuncture, so acupuncture as practised by TCM practitioners and acupuncture practised as an adjunct therapy; that we define both, and then we have practice standards for the practitioners and a minimum practice standard for everybody else who provides acupuncture as adjunct therapy?

Mr. Mao: I see here a simple way. There must be standards, number one, but differing levels of practitioners—they do acupuncture; they have to meet a different standard.

The Chair: We now move to the Liberal side.

Mr. Kuldip Kular (Bramalea–Gore–Malton–Springdale): Thank you, Mr. Mao, for appearing before the committee. As you know, I'm a physician-turned-politician. I want, from your suggestions, to ask you a question: What's the difference between assessment and diagnosis in traditional Chinese medicine?

Mr. Mao: "Assessment" in the Chinese language means just an evaluation, but "diagnosis" is more professional language. Therefore, here, it has no difference. We prefer "diagnosis," but if it causes any arguments among professionals, then we'll leave it alone. It's just the natural right of the TCM doctor. We seem to have some differences in the Chinese language.

The Chair: We'll now move to Mrs. Witmer of the PC Party.

Mrs. Witmer: I'd just like to continue along the same line as Ms. Martel. Would you just continue? What do you think if there were the two different standards?

Mr. Mao: The difference is, I think there must be a standard, number one, but because western doctors already have many hours of medical training, they understand the body, the nerves, blood vessels, how they go, the muscles, bones. That's why some of the training can be transformed. That's why, according to the WHO and the World Acupuncture Association, any doctor, if they take around 200 hours, can do acupuncture as a supplementary treatment. If you want it to be a main treatment, then you need to understand more professional things.

The Chair: Thank you, Mr. Mao, for your deputation, as well as your written submission.

METRO TORONTO CHINESE AND SOUTHEAST ASIAN LEGAL CLINIC

The Chair: I now invite, on behalf of the committee, our next presenter, Ms. Avvy Go, the clinic director of the Metro Toronto Chinese and Southeast Asian Legal Clinic. Ms. Go, as you've seen, you have 10 minutes in which to make the combined presentation, beginning now.

Ms. Avvy Go: My name is Avvy Go, and I'm a lawyer by training and the clinic director of the Metro Toronto Chinese and Southeast Asian Legal Clinic. Obviously, it's not a medical clinic; it's a legal clinic. For those of you who are not familiar with our clinic, we provide free legal services to low-income immigrants from the Toronto area's Chinese, Vietnamese and other southeast Asian communities. We have been an advocate for the regulation of the practise of TCM and acupuncture since the early 1990s, and we have made submissions to the HPRAC and other bodies on this very issue.

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We want to commend the government for taking an important first step toward recognizing the profession of

TCM. We very much welcome this opportunity to present our view on the regulation of TCM and acupuncture practice.

Of course we don't purport to have any medical expertise, and we're not approaching this issue from the perspective of the medical professionals who are seeking regulation. Our primary interests in this issue are two-fold: the promotion of access to regulated health care services for the diverse communities in this province, and the equal recognition of TCM/acupuncture practitioners within the health care profession. So we're approaching it on the issues of equity and access. From our perspective, we're going to focus on the following issues: the importance of TCM and acupuncture to the Chinese Canadian community; the need for a self-regulated TCM/acupuncture profession; and, as a side issue, the choice of languages to be adopted in the examination for regulation.

As we have mentioned, our clients are mainly non-English-speaking, low-income immigrants. Rather than being an alternative to Western medical treatment, as TCM is often known in mainstream society, many of our clients use TCM as a primary choice of treatment when they are in need of service. We commissioned a study, which I have attached to our submission. Basically, it shows that Chinese Canadians are twice as likely as non-Chinese to use acupuncture and three times more likely to consult an herbalist—and I think "herbalist" in this sense probably means TCM herbalist.

To our clients in particular, who are low-income, choosing TCM/acupuncture over Western medical treatment is often a choice with significant financial implications. Many of our clients are on social assistance and receive coverage from OW only for Western medical drugs. They have to pay out of their own pocket to purchase TCM and acupuncture treatments because of the general lack of recognition and regulation of TCM/acupuncture. Sometimes these treatments are covered by OHIP, but it's only if they are dispensed by regulated health care professionals. Many of our clients don't use regulated health care professionals due to language barriers and other issues; they would go to a TCM/acupuncturist who speaks their language, bypassing the mainstream health care system altogether.

So the lack of regulation of TCM/acupuncture has a disproportionate impact on our client communities for two reasons: First of all, they are more likely than the general public to be users of these treatments and are therefore more likely to be exposed to the risk of unregulated practice; second, the lack of regulation means lack of OHIP coverage, lack of insurance coverage, lack of many other things, which creates a significant financial burden on low-income immigrant communities.

I'm going to skip to the issue. The lack of regulation has posed a great deal of problems to the practitioners themselves, of whom many are immigrants from China. We have seen in the past some cases of practitioners being charged with all kinds of very strange criminal offences because their practice has not been recognized.

So in a way, lack of recognition has also resulted in the criminalization of this profession. Bill 50 represents a very significant achievement by the TCM practitioners, who have been lobbying long and hard for their rightful place in the health care professions in this province.

What I want to emphasize, and I think what you're hearing, is that this practice has existed for many, many years, thousands of years, separate and apart from the practice of Western medical science. It has served generation after generation adequately as the only form of medical treatment available to people in many parts of the world, in particular in Asia. Its legitimacy is therefore born of its own inherent and coherent system of knowledge and analysis. It does not owe its existence to other forms of knowledge, least of all to the medical science system. I think that's what a lot of these practitioners are imploring you to understand. This is a so-called alternative form of medicine, but in fact it is the mainstream form of medicine for many people in various parts of the world. It is becoming more and more mainstream even in Canada, as well, so we have to regulate TCM practitioners, not only to recognize the legitimacy of the profession, as a profession, but also to ensure the safety of the public is being protected.

There are many different ideas and ways to regulate, and I would encourage you to listen to the various amendments that are being put forward today. There may be ways in which we can talk about the various classifications, certifications, but all these issues must be done in consultation with the traditional Chinese medicine practitioners themselves. I think they are in the best position to tell you how to regulate. The issue now is really not whether we should regulate, but how.

I just have a side issue which is not covered in the bill and probably shouldn't be, because it's probably something that should be left to regulation, but it's around the language of the examination, because that could be an issue as well. For many of the traditional Chinese medicine practitioners, English is not their first language, so it will become a barrier if the examinations are only conducted in French or English. This is just one issue that we thought needed to be brought forward.

In general, we support having the bill. There may be other improvements that can be put forth, and I would urge you to take into account the considerations that have been forward today, with the view that you see TCM/acupuncture as a legitimate form in and of itself. It should not be judged by any other forms of medical systems, including the western medical system. Thank you.

The Chair: Thank you, Ms. Go. We have about a minute per side, beginning with the government side.

Mr. Fonseca: Thank you for your fine presentation. I have to say that bringing TCM into the mainstream—I know it's helped thousands, but maybe it will help millions here in the province of Ontario.

I know myself that western medicine wasn't working for an ailment that I had. It was a tendon problem, and it was actually stopping me from getting to one of my

dreams, getting to the Olympic Games. Through traditional Chinese medicine and acupuncture, I was able to get relief, solve what was ailing me, and was able to move on and represent Canada in the Olympic Games.

Those types of stories, I believe, will grow with making TCM a regulated health profession. We'll be able to bring it into the mainstream and address many of the issues you've brought forward here in your fine presentation. I thank you very much for that.

The Chair: Thank you, Mr. Fonseca. We'll move now to the PC side.

Mrs. Witmer: Thank you very much for your presentation. I think we all agree that this should be a self-regulated profession.

You talked about French as a language. We've had English, we've had Chinese—why the French?

Ms. Go: Well, you know, official languages—rather than looking at the official languages, we should have Chinese as a language.

Mrs. Witmer: Okay. I thought there was another reason. Thank you so much.

The Chair: Thank you, Ms. Witmer. Ms. Martel.

Ms. Martel: Thank you very much for your presentation. Let me ask you this. I am looking for a way that we can protect the public, that we can have this profession regulated, as it should be, also recognizing that there are a number of other health care professionals who provide acupuncture—in my part of the world, which is northern Ontario, probably chiropractors, physiotherapists. How do we ensure that the other regulated health care professionals, who I still want to be able to continue, have some kind of at least minimum standards, so that if I go to a physiotherapist or if I go to a chiropractor, I know that they have “this” level of training, “this” level of practice, have passed “this” exam, etc.?

Ms. Go: For instance, if you are a physiotherapist but you are also a nurse, my understanding is that you will be regulated by both the College of Nurses and the College of Physiotherapists. If someone is going to practice acupuncture, what is preventing them from also joining a college that will be regulating TCM/acupuncture practice?

Whether or not there should be different standards, I'm not in the position to say, because I know nothing about the requirements. But if the other health care professionals are already doing this—

The Chair: Thank you, Ms. Martel, and thank you, Ms. Go, for your deputation on behalf of Metro Toronto Chinese and Southeast Asian Legal Clinic.

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ONTARIO COLLEGE OF TRADITIONAL CHINESE MEDICINE

The Chair: With respect, I would now invite our next presenter, Professor Ben Wu of the Ontario College of Traditional Chinese Medicine. Mr. Wu, as you've seen, you've got 10 minutes in which to make your combined presentation. I'd invite you to begin now, Professor Wu.

Mr. Ben Wu: Full endorsement of legislating traditional Chinese medicine and acupuncture and swiftly passing third reading of Bill 50: I, representing all the staff, instructors and students of the Ontario College of Traditional Chinese Medicine, and with more than 2,000 members of the New Canadian Community Centre, fully endorse the Bill 50 legislation of traditional Chinese medicine and acupuncture and look forward to fast-tracking third reading and the passing into law in the shortest time. It is only through this process that we can provide the maximum benefits to the general public, assuring the general public that the therapeutic treatment they receive from TCM and acupuncture services is safe and of high quality.

(a) Legislation will maximize the protection of public benefits. Legislation will enable the general public to choose their personal preference of safe and high-quality TCM and acupuncture treatment. This also prevents the general public from receiving TCM and acupuncture treatments from unqualified and bogus practitioners.

(b) Legislation will only grant qualified practitioners to perform TCM and acupuncture. Legislation will be able to regulate TCM and acupuncture professionals with the following: registration with qualifications, setting standards for professional examinations, receiving complaints, discipline and restraint.

(c) Legislation will provide accountability to the general public. Legislation can create a regulatory board for the health practitioners accountable to the general public to assure consumers that the TCM and acupuncture services are not just meeting the standards but also maintain professional capability. The regulatory board will provide a mechanism to receive complaints from consumers who may have encountered injury, harm or hurt arising from the treatments.

(d) Legislation will enhance mutual co-operation between traditional Chinese medicine and western medicine to provide better health care to the general public. After legislation, western medical doctors can provide appropriate acupuncture services to patients, or refer patients to fully regulated TCM and acupuncture professionals. Furthermore, to provide better health care to the general public, TCM and acupuncture professionals and western medical doctors who practise acupuncture may work, research and develop together on case control studies, thus amplifying the co-operation advantages of both traditional Chinese medicine and western medicine.

(e) Legislation can save on resources and assist to reduce pressure on medical care. Medical consumers may sometimes discontinue or throw away prescribed medicine that drains and wastes our resources. Acupuncture is comparatively less costly than western medicine, and substantial savings will be achieved. State-of-the-art medical equipment but a shortage of high-tech medical operators has increased the backlog, causing longer waiting time to the consumers. The TCM acupuncture treatment can assist and reduce the pressure on our current medical state.

(f) We appeal that Bill 50 will clearly define the qualification of “registered acupuncturist” for the benefit of

the general public to select their acupuncture practitioners.

We agree that all medical personnel with the “doctor” title, including physiotherapists, must have minimum hours of trainings—above 200 hours—in order to perform limited acupuncture in their own professions as adjunct modalities. Other personnel in the medical professions, either regulated or not, will follow the requirements set by the upcoming traditional Chinese medicine college; must undergo a set standard of learning and training, both in academic and clinical internship; and only be able to obtain a passing grade set by the examining board in becoming a registered acupuncturist.

(g) We appeal that Bill 50 will clearly state that tuina treatment will possess equal status with the acupuncture treatment. Tuina is equal to acupuncture. It is also a part of traditional Chinese medicine. There are intrinsic differences between tuina and massage. Massage focuses on muscles and tendons, which can provide relaxation and treatment in sports injury. Tuina focuses on meridians and acupoints, where the treatment is emphasized on acupoints that will transport healing effects through the meridians to reach the organs’ infirmity. Tuina encompasses not only relaxation and sports injury, it also includes internal medicine, surgery, gynaecology and paediatrics as well. This is the distinctive quality of tuina. The function of tuina and acupuncture are equal, only different in mediums. Acupuncture applies metallic needles, while tuina applies “finger needles.”

The Chair: Thank you, Professor Wu. Just a handful of seconds left per side.

Mrs. Witmer: Thank you very much for your presentation. Why do you think that the tuina treatment was not included in the bill; and you’re asking for equal status?

Mr. Wu: Pardon?

Mrs. Witmer: In (g) you’re saying that the tuina treatment should have equal status with the acupuncture treatment.

Mr. Wu: Yes, I suggest that tuina is the same as acupuncture; right?

Mrs. Witmer: Right.

Mr. Wu: But just now Bill 50 does not include tuina, but only the TCM includes tuina.

The Chair: Thank you, Ms. Witmer. Ms. Martel?

Ms. Martel: Thank you for your participation here. In (f) you say regulated health professionals who have the “doctor” title, if they’re going to practise acupuncture, need to have 200 hours of training and they practise adjunct acupuncture; is that what you’re suggesting?

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Mr. Wu: Yes.

Ms. Martel: The second part that I didn’t understand is other people who don’t have the “doctor” title—because there are lots of other regulated health professions who don’t use the “doctor” title—they should be regulated under the TCM college?

Mr. Wu: No. I think if you’re not a doctor or physiotherapist, you need to follow up in future with the

college, the standing, you get training and the exam. After you’ve passed the exam, you work with as a registered acupuncturist. This is why for this part, I read “registered acupuncturist,” because a registered acupuncturist—different ways of acupuncture.

The Chair: Thank you, Professor Wu. We’ll move now to the government side.

Mr. Kular: Thank you very much for your presentation. The question I have is—as you said, tuina and acupuncture is done differently. You have mentioned the minimum training for acupuncturists should be 200 hours.

Mr. Wu: Yes.

Mr. Kular: How many hours do you recommend for tuina massage therapy?

Mr. Wu: Okay. I think one doing tuina must follow up in the future the college’s standing. Because tuina also focuses on meridian points. It is different, like massage, only you massage for the local, the muscles and the tendons. But from our way, touch the points, this can transfer—

The Chair: Thank you, Dr. Kular, and thank to you, Professor Wu on behalf of all members of the committee for your deputation on behalf of the Ontario College of Traditional Chinese Medicine.

ONTARIO ASSOCIATION OF ACUPUNCTURE AND TRADITIONAL CHINESE MEDICINE

The Chair: I’d now like to invite our next presenters, Marylou Lombardi, Kevin Liu, Chris DiTecco—president, practitioner, practitioner—from the Ontario Association of Acupuncture and Traditional Chinese Medicine. As you’ve seen in the protocol, you have 10 minutes in which to make your full presentation. I invite you to be seated, and please begin.

Ms. Marylou Lombardi: I’d like to thank the standing committee and the government for having us here today to discuss Bill 50. I’m speaking on behalf of the Ontario Association of Acupuncture and Traditional Chinese Medicine. My two associates are also members of the association. I wish Mary was here because I did bring all of the textbooks with me. I had my support staff carry them in for me.

First of all, I would like to say that I wish I could have locked myself in the room with the ministry staff, because I still have a lot of questions. I would like to thank Shelley Martel for having them speak to us today.

Basically, what I’d like to say is that Bill 50 is fundamentally flawed. I don’t think that it recognizes or regulates the profession and medical practice of acupuncture adequately. It promotes multiple standards for the practice of acupuncture, which endangers public safety, and ignores the fundamental purpose of regulation, which is to protect public safety and ensure the public access to the highest quality of health care. In the interest of public safety and in the interest of ensuring that the public can make an informed choice when

choosing health care, the OAATCM insists on the following amendments and revisions to Bill 50.

In your package I've included some background information. You have a copy of Bill 50 that I've marked. You have a copy of the World Health Organization standards for the practice of acupuncture. I thought I would also look at other regulation for health care professions in order to compare how they've been regulated and some of the details in their legislation to how this bill has been written.

So the first amendment is that acupuncture should be recognized as a health profession in Ontario. Currently, I believe acupuncture is being treated as a modality in Bill 50. As written, this bill does not recognize acupuncture as a health profession, a status that it enjoys the world over and in the three regulated provinces in Canada. Many people in this room have spent thousands of hours studying 5,000 years of knowledge, as evidenced by these textbooks, tradition and practice. To ignore this status is disrespectful to the profession and to the Chinese culture that it owes its teaching and foundation.

Amendment 2 is that section 18 should—I said “should be excluded from this bill,” but perhaps it needs to be revised and amended. Bill 50, the Traditional Chinese Medicine Act, is regulating the profession of traditional Chinese medicine and the specialties included in traditional Chinese medicine. If you refer to the bill, it says that no other person other than a member of this college can hold themselves out to be a practitioner of traditional Chinese medicine or acupuncturist or practise any of the specialties included in traditional Chinese medicine. Although not clearly defined in Bill 50, these specialties are: acupuncture; Chinese herbal medicine; tuina and die da, which are Chinese massage and traumatology; shi liao, Chinese dietary therapy; and tai chi and qigong, which is Chinese exercise therapy.

My understanding is that this bill should apply to those currently unregulated practitioners of traditional Chinese medicine and members of the other regulated health professions who wish to practise traditional Chinese medicine which includes the specialty of acupuncture.

Section 18 raises the following questions for me:

(1) Who should have the right to practise acupuncture in Ontario?

(2) Who should determine the minimum standard of practice for acupuncture?

(3) Should professions that have no training in invasive procedures, access to the controlled act of a procedure below the dermis or any formal training in treating physical or internal conditions through any type of hands-on therapy be given the right to practise acupuncture at the discretion of their own professional college when that is clearly not their area of expertise?

If you want this bill to regulate all acupuncture, then it would seem appropriate for one college to set the minimum standard for acupuncture. This does not mean that the profession of traditional Chinese medicine would have the monopoly over the practice of acupuncture

because anyone who meets that minimum standard would be able to practise it. It would mean that the College of Traditional Chinese Medicine Practitioners and Acupuncturists would set the standard for acupuncture to ensure that any one who practises acupuncture, whether as a full medical practice or as an adjunct practice, will practise it safely and effectively.

We're not trying to put anyone out of business, as we have been accused; we are simply trying to improve the professional standard and improve and monitor the education and training for acupuncture.

The World Health Organization is trying to set an international standard for acupuncture. Let me clarify that the World Health Organization has never recommended that acupuncture be practised without knowledge of traditional Chinese medicine. That's for any profession; it's not limited to TCM practitioners. As many people have mentioned, for medical doctors, they recommend 200 hours of training for an adjunct practice and 1,500 hours for a full practice of acupuncture.

Other questions that this bill has raised are, are the other regulated health professions practising something different from traditional Chinese medicine acupuncture, and does the public have the right to know that there is a difference? If I were to go out on the street right now and ask 100 people if they knew that there were different types of acupuncture, they would look at me like I was crazy—even my patients. They don't know that there are different styles of acupuncture being practised in Ontario and in the world. How does this bill clearly identify the difference between, say, what is sometimes called medical acupuncture or intramuscular stimulation or dry needling? How does the public know? When they walk into someone's office and see the word “acupuncture,” they don't know what they're going to get. They don't know what that acupuncture treats and how much training that person necessarily has.

Some of the other regulated health professions may argue that what they practise is different from traditional Chinese medicine practitioners, just as chiropractors practise their specialty of chiropractic adjustments and physiotherapists practise spinal manipulations. If other health professions can share activities and still respect the differences, then why not in this case? If they could agree to change the name to “intramuscular stimulation,” all disputes would be resolved. They would not be restricted from practising it, their patients would still have access, and the public would clearly understand that there is a difference in the amount of education and training they have, in the therapeutic approaches they use, the conditions that it treats and the diagnostic methods utilized.

At present, the Acupuncture Foundation of Canada Institute offers courses to some other regulated health professions in anatomical acupuncture, or what is sometimes referred to as intramuscular stimulation. The total number of hours is 285. However, it's not mandatory for them to complete that 285 hours before they go out to practise on the public. Basically, they take a weekend of course training in level 1, which is 30 hours. Then on

Monday, they practise on the public. After level 2, they can bill the insurance companies for acupuncture. So you can understand their reluctance to change the name to “intramuscular stimulation,” because intramuscular stimulation is not covered by the insurance companies. So we have a group of people who practised for thousands of hours of training and we can’t even get covered by insurance companies, but someone takes two weekend courses and they can be covered by insurance. It’s not very fair or equitable if we allow other colleges to set a standard like that and allow their practitioners to go out after only 30 hours of training and practise on the public.

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The other amendment is the “doctor” title in the controlled acts. I checked out all of the other health professions that currently have access to the “doctor” title, and all of them have access to the controlled act of communicating a diagnosis. I think we have heard this several times, that communicating a diagnosis so that the patient understands that they have a condition is very important for this profession.

Could I know how much time I have left?

The Vice-Chair (Mr. Khalil Ramal): You have one minute left.

Ms. Lombardi: The other amendment is that mandatory referrals should be excluded from this bill. I also need clarification: I don’t know whether that means that I can only treat someone who’s referred to me by another medical health profession. I don’t know if that means that I can only treat someone who has a medical condition previously diagnosed by a medical doctor. Does it mean that I can’t treat certain medical conditions? This clause, mandatory referral, is not in any other health legislation. I looked at the massage therapists, the chiropractic act. It may be implied, but it is not written in their legislation. I think that means we’re being treated differently under this legislation.

The Vice-Chair: Thank you very much. Your time has expired.

Now we have with us the Institute of Traditional Chinese Medicine, if they could come forward.

Sorry; you have a question?

Ms. Lombardi: Are you going to have Tom speak and then we’ll have questions?

The Vice-Chair: Your time has expired. You had 10 minutes. There’s no time for questions. Thank you very much for your presentation. But if you wish to speak to any member later on, feel free to do that.

INSTITUTE OF TRADITIONAL CHINESE MEDICINE

The Vice-Chair: Sir, you know the procedure. You have 10 minutes. If you wish, you may speak for the whole 10 minutes, or you can divide it between speaking and questions. So go ahead, sir.

Mr. Tom Kiroplis: Good morning, ladies and gentlemen. My name is Tom Kiroplis. I represent the Institute of Traditional Chinese Medicine, also known as ITCM,

and have been a teacher there since 1999. I am also the vice-president of the Ontario Association of Acupuncture and Traditional Chinese Medicine, the OAATCM, since 1997. Can you make that correction, please, on your notes? I put 1977, but there was no way I was around. Before pursuing Chinese medicine, I was also a teacher for the Peel Board of Education for 10 years.

The ITCM was founded by Dr. David Lam in 1970. It is the oldest established school of Chinese medicine in Canada. Over the years, the ITCM has been successful in developing competent TCM practitioners who have gone on to have successful careers helping many Ontarians. All graduates have achieved accredited diplomas through one professional standard set out by the ITCM.

On a personal level, I was also a graduate of the ITCM. Following my graduation, I had the privilege of enhancing my education by traveling to China and working in a number of hospitals in Nanjing. During this time, it became apparent as to how adequately trained and prepared I was compared to many other students from different schools around the world. In fact, Dr. Lam still to this time has the postcard that I wrote to him while I was in China thanking him for preparing me so well.

Being in the teaching profession for over 15 years with a master’s in education, I recognize the value of quality education and the importance of having a minimum standard in any profession. Multiple standards for the practice of acupuncture are unacceptable. For example, when the Ministry of Transportation gives a person a licence to drive a car, you wouldn’t expect to see that person driving a tractor trailer through Toronto hauling dangerous goods. This is how silly and unacceptable it really is, but on a different scale. Not having minimal standards is a dangerous scenario in any field. It is common sense in any society to have minimal standards.

The purpose of professional regulation is to provide the public with assurance of appropriate and quality health care services and to advance the public interest and, most importantly, the public safety. In the 2001 HPRAC report on traditional Chinese medicine and acupuncture, acupuncture was identified as posing the greatest risk of harm to the public if performed by an unqualified practitioner. When acupuncture is regulated as a profession, “acupuncturist” is the recommended protected title for the entry level or generalist in the profession. The acupuncturist practises acupuncture, which includes the insertion of needles to specific points, moxibustion, cupping, pricking and bleeding, acupressure, laser acupuncture, electro-acupuncture and magnetic therapy.

A professional title, in this case “acupuncturist,” is supposed to enable the public to identify regulated professionals and should describe the profession’s specialized knowledge and expertise. The title should be readily understood by clients and it should not be misleading as to what the clients can expect when they see this professional.

What about the other regulated health professions who practise medical acupuncture or intramuscular stimulation as adjunctive therapies? What do you think the

clients expect from them? I can tell you first-hand what clients expect, being in a unique position as an owner of two physiotherapy and acupuncture clinics myself. They expect, just like anyone else, to be treated by competent, professional practitioners who have met certain standards of practice. I have the privilege of interacting with many health care professionals on a daily basis. I screen and hire all of my employees, and it is embarrassing to me when practitioners come in claiming to know acupuncture. I see them perform and I am perplexed as to how these people can walk around so naive, thinking that they know the science. Every day they come to me with questions. This type of training under the multiple-standards principle has been inadequate to the needs of our patients and to the needs of public safety. Some I have hired and trained under my guidance, and only after this experience did they realize how inexperienced and misguided they really were. With the proper education, training and supervision that I have provided to all of our physiotherapists, they have become competent in performing acupuncture covering ailments under their scope of practice. As a result, our clinic has been voted Best Acupuncture by the Readers' Choice Award.

TCM is a science and has to be treated as such. Therefore, regulation is a must. If everyone is going to be allowed to practise acupuncture, how is the public going to know that there is a difference in what an acupuncturist does and what a physiotherapist using an adjunctive modality does? I know first-hand—I see it every day in my practice—that when our patients walk through that door, they automatically assume that all of our therapists are properly trained in acupuncture. Very, very few patients ask for their credentials and training. Fortunately, all of our patients receive quality care because of the high standards maintained and expected by me, in the same way that the ITCM set out for me.

When the public hears or sees the word “acupuncture,” the public perception is that all acupuncture is the same. But as I have explained above, this is the furthest from the truth. I don't have any problems with other professions practising TCM and acupuncture, as long as they meet the standard set by the new college of TCM and acupuncture of Ontario. All we are asking for is the same respect and consideration given to all other regulated health professions. For the safety of the people of Ontario, it is paramount that this profession be regulated by limiting the practice of acupuncture to those individuals who meet the minimum standard of competency set by a professional college.

In closing, this is the first time in Ontario's history that the provincial government is going to regulate a profession that did not originate in this country, nor does it derive from this culture. I understand that the Liberal government has an extremely difficult task ahead of them, but I trust they will make the regulation of TCM and acupuncture fair and equitable, making sure that the integrity of the profession remains intact. Thank you.

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The Vice-Chair: We have three minutes for questions. We'll start with the NDP.

Ms. Martel: Thank you very much for your presentation. Does this mean that we need to have two definitions of acupuncture, for starters? That's my first question. Obviously you're going to have TCM practitioners and acupuncturists providing acupuncture, who have much different levels of training, but you will still have other regulated health professions practising acupuncture as well. So do you need a definition that is different to describe who is who?

Mr. Kiroplis: If they meet the minimal standards set out by the college to be called acupuncturists, they can be called acupuncturists.

Ms. Martel: But you have a number of regulated health professions who practise acupuncture now, who do not have the level of training that I think the college is probably going to require for someone to have the title of acupuncturist.

Mr. Kiroplis: Again, if they meet the level of training to be called acupuncturists, so be it; they can be called acupuncturists. If they don't, if the college sets out a certain number of hours, also considering the amount of training they have in their other scope of practice—say 400 hours—they can be granted whatever title the college sets out. It could be called adjunct therapy, it could be called intermuscular stimulation—whatever the college sets out. If they say 200 hours gives you the right to practise intermuscular stimulation, then you can do intermuscular stimulation; if they say you can be called an acupuncturist if you meet 500 hours, then you can be called an acupuncturist.

The Vice-Chair: Thank you very much. Mr. Fonseca.

Mr. Fonseca: Tom, thank you very much for your impassioned presentation to us. Looking at some of the other colleges you referred to, they have gone through many years of extensive training. As the RHPA was set up, no one body would have a monopoly on a particular procedure. So when we look at the scope of practice, in terms of acupuncture, a nurse or a physio may be able to do acupuncture on a musculature or a tendon, but may not be able to use acupuncture to take care of somebody's headache. This is where some of the differences would come in.

Also, under this legislation, only those who are of the TCM college would be able to call themselves acupuncturists. Others would be able to perform acupuncture but would not be able to call themselves acupuncturists, as you want. So we are addressing that.

The Vice-Chair: Thank you very much. Mrs. Witmer.

Mrs. Witmer: I guess I would say to you, Tom, do you feel—because that's not what I'm reading—that the government is addressing the concerns you have expressed about multiple standards for the practice of acupuncture are unacceptable?

Mr. Kiroplis: Do I feel the government—

Mrs. Witmer: I think we've just heard from Mr. Fonseca, who has indicated that he believes the government is addressing these concerns. This used to be a huge sticking point.

Mr. Kiroplis: I don't at all. If you heard my presentation, if it goes ahead and becomes regulated as is—I

see it on a daily basis. All these physios—I've sat in a lot of interviews. Right now the education that's provided to them is so narrow in scope that it's embarrassing. So they have to meet a minimal standard. Like Mary Wu said, they're given a weekend or two-weekend course and they can do acupuncture and bill insurance companies the next day. There have to be minimal standards.

The Vice-Chair: Thank you very much for your presentation. Your time has expired.

VU LE

The Vice-Chair: We have with us Vu Le and Van Lam. Come forward. You can start whenever you want. You have 10 minutes. You can speak for the 10 minutes or you can divide it between speaking and questions. Go ahead, sir.

Mr. Vu Le: To begin, I would like to express my appreciation to the honourable MPPs and all the council members for being given the opportunity to speak at this hearing today and to have our concerns regarding the regulation of TCM heard.

My name is Vu Le, and I'm an acupuncturist and TCM practitioner working in the Mississauga area. As for my background, I have a bachelor's degree in complementary health sciences from Charles Sturt University in Australia, and have majored in biology and chemistry at the University of Toronto. I earned my honours diploma in acupuncture at the Michener Institute for Applied Health Sciences in Toronto. I have a diploma in oriental medicine from the NCCAOM, a regulating body in the US, and I'm also a registered massage therapist with the CMTO here in Ontario.

I'm here today on behalf of myself and my colleagues Ms. Van Lam and Mr. Zoran Jelacic, who are also TCM practitioners, but who unfortunately cannot be here with us today.

To start, to be brief and to the point, I would like to state that we strongly support the regulation of TCM in Ontario and also support the granting of the "doctor" title to selected and qualified members of the soon-to-be-formed college of TCM and acupuncture.

With the benefits of the patients, the community at large and public safety in mind, the practice of TCM and all of its related modalities should only be performed by those who are fully able and qualified to perform such procedures according to TCM principles and methods.

I would like to reiterate that the practice of TCM is the diagnosis of diseases and the differentiation of syndromes via TCM techniques and methods, and the treatments performing according to TCM therapeutic principles and methods to promote and maintain health, and to treat and prevent diseases.

With the regulation of TCM practice in Ontario and the discussion of granting TCM and acupuncturist "doctor" titles, we have the following suggestions.

First, have one, and only one, unified standard of professional practice for TCM and acupuncture. We suggest that the new college of TCM and acupuncture will

establish one standard of qualification that ensures consistency in the practice of TCM for all health care professionals. It would be confusing to have many standards of practice for TCM, specifically for the practice of acupuncture, as many before me have suggested.

We feel that as TCM and acupuncture are complete systems of dealing with health care issues, the scopes of practice are extensive and warrant much time and effort to learn and be proficient at. For this reason, they should be regulated under the new college of TCM and acupuncture, and anyone who wishes to practise TCM and/or acupuncture would have to meet stringent educational and practical requirements that are comparable with other colleges where the "doctor" title is currently in use, as set out by the new college of TCM and acupuncture.

If one wishes to be a doctor, he or she can go to medical school and fulfill all its requirements and duties, and pass all the required licensing exams. The same rational applies to the practice of TCM and acupuncture. If one wishes to practise as an acupuncturist or TCM doctor, he or she must demonstrate proficiency according to the college of TCM and acupuncture's standard of practice. As we aim for the standardization of the profession and to ensure consistency in practice and protecting the public, all who wish to practise TCM and/or acupuncture must comply with the college's regulations.

As an example, in our group, all three of us are registered massage therapists. Although we all had a more than adequate amount of formal training in massage and tuina in our TCM training, in order for us to practise massage as a specific modality and profession, we had to attend additional training in massage therapy and pass the provincial board examinations before we could call ourselves registered massage therapists in accordance with the regulations of the College of Massage Therapists of Ontario.

We highly suggest granting the right to communicate a TCM diagnosis, and also the right to have access to the many diagnostic evaluation methods commonly in use in our current health care system, including radiographic imaging, blood tests and other means to aid in the assessment and treatment of patients by qualified professionals, i.e., the new doctors of TCM who are fully qualified and trained.

We support the licensure examinations for all practitioners of TCM and acupuncture so as to ensure quality of performance, consistency of educational qualifications and, more important, public safety.

In regard to the licensing examinations, we suggest that there be a transitional period where there is adequate time for all practitioners of TCM and acupuncture to prepare for the licensing examinations. Continuing education units and upgrades can be taken then to facilitate the process of aligning with the new standards.

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During the transitional period, those who meet the requirements of the new college will be granted the title of doctor of TCM, whereas those who do not yet meet the requirements will be given temporary designations

and will be allowed to practice until a deadline established by the new college, at which point they must meet the college's requirements in order to continue practising or stop practising altogether until the requirements are met. Upon reaching the deadline, the temporary designations will be phased out, and there will only be a few, select titles established by the college.

We recommend the referencing of established, systemized methods of examination, such as those currently in use in the United States, Australia, UK, China and Vietnam. By not reinventing the wheel and learning from established and proven methods and systems, we may save valuable time in establishing the new standard of practice, and also save precious taxpayer dollars.

The Vice-Chair: Thank you very much. We have two minutes left. We can divide them equally between the three parties. We'll start with Mr. Fonseca.

Mr. Fonseca: Thank you very much for your presentation. As you know, the regulated health professions were set up to make sure that there was safety for all Ontarians, that there was accountability, that there was access to services, and that is what is happening with TCM. With TCM, we want to make sure that we bring it into the mainstream, that there is an assurance for the people of Ontario that it is safe. Not everybody, as is the practice today, can hang out a shingle any longer and just say that they can do TCM, acupuncture, tuina or whatever it may be. This is where we are moving as a government, with your help and partnership, to make this the best for the 12.5 million people who reside here in Ontario.

With the other regulated health professions, I spoke to their scope in terms of using acupuncture. They will no longer be allowed to call themselves acupuncturists, but they still do acupuncture today. They do it in a safe way, through the Regulated Health Professions Act, and this is how we will move forward with traditional Chinese medicine. Through the college, some will be able to call themselves acupuncturists, while others will, within their scope, still be able to practise acupuncture.

Mr. Le: We hope that will happen.

The Vice-Chair: Thank you, Mr. Fonseca. Mrs. Witmer.

Mrs. Witmer: You indicate here that you believe, contrary to what's being said here, that there should be licensing exams for all people who practise acupuncture.

Mr. Le: That's right.

Mrs. Witmer: So how would you recommend the government treat those individuals in the other professions who are going to be delivering acupuncture services?

Mr. Le: As you know, acupuncture can be performed on many levels. The full scope of practice of TCM and acupuncture can treat a wide variety of conditions. With certain other professions, most practices are limited to treating conditions of pain. However, if the regulated health professionals would like to call themselves acupuncturists—again, we came to the same points as other people—they can get upgrades, continue their education

and bring themselves up to a certain professional level. Then, when they meet the qualifications set out by the college, they will be able to call themselves acupuncturists.

The Vice-Chair: Thank you very much. Ms. Martel.

Ms. Martel: What happens if they don't want to be an acupuncturist, because that would be their main profession, but want to be a chiropractor and do acupuncture as part of their work as a chiropractor? What do you suggest in terms of what we do?

Mr. Le: I suggest that we have to modify the title. Again, they can say that they do intramuscular stimulation and needling techniques to treat pain. However, they cannot call themselves acupuncturists, because I think the public views the acupuncturist as a person who is fully trained in TCM and acupuncture and can treat a wide spectrum of ailments, not just pain.

The Vice-Chair: Thank you very much for your presentation, Mr. Le.

JOHN WANG

The Vice-Chair: We move on to another presentation, by John Wang. Mr. Wang, you know the procedure, so go ahead when you are ready.

Dr. John Wang: Good morning everyone, Chair and MPPs. My name is John Wang. I'm an acupuncturist and Chinese medicine practitioner from Kitchener.

First, I would like to thank you for giving me this opportunity to express my concerns and opinions about Bill 50, the Traditional Chinese Medicine Act, on behalf of a group of ordinary acupuncture and Chinese medicine practitioners from the Kitchener-Waterloo area. I phoned almost every practitioner in my city. Everybody supported and shared my idea. So here I want to raise a few serious concerns about Bill 50.

To us, the bill is fundamentally flawed right from the beginning. The legislation process is fundamentally flawed right from the beginning, since the initial consultation to first reading and second reading.

The term "traditional Chinese medicine," TCM, is a very broad term that includes many things, many professions, including mainly acupuncture, Chinese herbal medicine, bone-setting, tai chi, tuina massage, reflexology and so on and so forth. Regulating TCM is almost like regulating modern western medicine. You do not have a single college for modern western medicine. You separate them into different professions to regulate them separately. Everybody knows that modern medicine includes many regulated health professions, such as MD physicians, pharmacists, dentists, optometrists etc. The term "traditional Chinese medicine" is too broad to define by regulation. Instead—we should think about that—the regulation should apply to specific therapies and professions such as acupuncture and herbal medicine as separate professions. They all share the fundamentals of traditional Chinese medicine, yes, but they are separate, different professions. In China we have acupuncture doctors and herbal medicine doctors. They do different

work in different departments. And universities too: They have a department of acupuncture, a department of Chinese medicine; they're separate. When you put them all together, you get confused. You don't know what you're doing.

Among so many TCM specialties or professions, acupuncture is the most popular and is the only widely used and accepted profession in Canada. I know from my 10 years of experience that people always know us as acupuncturists: "You're an acupuncturist, a good acupuncturist." They know acupuncture. There are doctors who only use herbal medicine. Acupuncture is a separate profession.

As to Chinese herbal medicine, it's the second most popular, widely used in Canada. In Chinese herbal medicine, the most commonly used is not the traditional one, like the formulas. Nowadays, most people use this kind of stuff: Chinese medicine. This kind of stuff has also been used and is shared by naturopathic medicine doctors and homeopathic medicine doctors. Also, many health food stores sell this kind of medicine or natural product. All those kinds of herbal products should be regulated through unified federal natural health product regulations, not here.

Acupuncture must be regulated as a health profession as it has been regulated in many other jurisdictions: in the United States, China and many places. Yes, there is an urgent need to regulate acupuncture right now. But we cannot accept section 18 of Bill 50 to exempt other regulated professions to practise acupuncture without going through this proposed regulation. We insist that everyone who wants to perform acupuncture must be regulated through the proposed college of acupuncturists of Ontario. There must be a unified regulation for one health profession, the profession of acupuncture.

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We are not against any other regulated health professionals performing acupuncture; we would like them to perform it, as long as they meet minimum standards set by the proposed college and become certified members of the proposed college of acupuncturists of Ontario. More importantly right now is the business part of the problem. They would also have to pay to keep double membership, double certification—pay both membership fees and the two insurances. They cannot just go and do it without paying the membership and insurance. It's not fair. Vice versa, the other way around: If we want to perform one of their professions, for example chiropractic treatment, we will have to become registered members of the College of Chiropractors of Ontario and pay their dues, their membership fees, their insurance. We cannot simply set our own chiropractic standards and perform chiropractic treatment as part of our practice. No one does that, so that cannot apply to acupuncture either. So we oppose this bill, of course.

For many years now in Ontario, and for a few thousand years in China, acupuncture has been performed safely and effectively by Chinese acupuncturists or herbalists. We support fair and scientific regulation. We

like regulation; regulation is good. But the current Bill 50 will neither enhance safety for the public, nor protect the profession of acupuncture or Chinese medicine. Therefore, Bill 50 is totally, totally unacceptable.

We also want to emphasize one unified title for one health profession, like all other regulated health professions. We do not want multi-titles and multi-standards in one profession, as suggested in section 11 of Bill 50. Every registered acupuncturist should be granted the title doctor of acupuncture, or everyone doesn't have that. For example, as with dentists, you cannot have, "Oh, this dentist has a PhD degree. Give them a doctor of dentistry"—in other words, just register as a dentist. No. No matter how many years of experience you've got, you still need a doctor of dentistry. In one profession, acupuncturist or herbalist, the title should be unified; otherwise, it confuses people.

The name of the proposed college should be accurate and reflect the purpose and content. The title College of Traditional Chinese Medicine Practitioners of Ontario is confusing and misleading, for the same reasons that the term TCM is misleading and confusing. It should be changed to college of acupuncturists of Ontario, if you regulate acupuncture only. You can just regulate acupuncture, as I said. Acupuncture is most commonly used and accepted in Ontario right now.

The Vice-Chair: Mr. Wang, thank you for your presentation. I guess your time's over, finished.

Dr. Wang: Thank you so much for listening to me.

NICK LOMANGINO

The Vice-Chair: Now we call on Nick Lomangino.

Mr. Nick Lomangino: Hello.

The Vice-Chair: Hello. How are you? You know the procedure? You have 10 minutes.

Mr. Lomangino: Yes. I am an acupuncturist and I've been practising now for 13 years. We need regulation, but not like this. Bill 50, I feel, is very flawed.

Number one, multiple standards are unacceptable. We need to have one standard, period, and whoever wants to follow then needs to go through the college of traditional Chinese medicine and acupuncture to get that standard. Otherwise, it's very misleading to the public and/or it jeopardizes the quality of acupuncture as a whole. Right now, if it goes through, the public will think it's regulated and will go to certain places and think that they're qualified acupuncturists, but they will not be. They'll have minimal standards, and that's very misleading.

I talk to all my patients and/or colleagues, and just people off the street, and I tell them that this bill is basically going to allow 26 different professions to regulate their own standard, and they shake their heads. They're confused. It makes no common sense. Because when there's regulation, there's one standard as a rule, more or less. As it stands, these colleges will determine their own standard for acupuncture. Whether it's two days, two weeks, two months, you take that course, you pass it, you're an acupuncturist. Does that make sense? Every-

body I talk to disagrees. They think it doesn't make sense.

I'm trying to get across to you that we need one standard and the college of acupuncture and traditional Chinese medicine needs to set that standard. Whoever, then, wants to call themselves an acupuncturist needs to go to that college and take that course. That's it—final. Otherwise, it's going to jeopardize the quality of acupuncture. In 20 years from now, we're not going to have traditional Chinese medicine any more. It's just going to be washed out. It's going to be diluted. There is a lot of history and culture and theories that go along with traditional Chinese medicine. That needs to be taught. You need to take the time to learn that. It's not just putting needles in people. There's a theory that goes behind that. You have to understand that theory. That theory takes time to understand. So we need one standard for acupuncture, period.

As of now, the bill isn't really clear about grandfathering. There should be a grandfathering clause for those who have been practising for a number of years, whether it's five years or so. Those who are doing adjunct acupuncture—we call it intramuscular stimulation—should be grandfathered, but just as that: intramuscular stimulation, nothing else.

That's pretty much it. Thank you.

The Vice-Chair: Thank you very much. We have a lot of time for questions. We'll start with Mrs. Witmer.

Mrs. Witmer: Thank you very much for your presentation, Nick. You're saying here the bill must be stopped. What amendments do you believe the government should make? What would be your priority? Obviously this bill is going to go through. What must happen in order for this bill to address your concerns?

Mr. Lomangino: Number one is multiple standards. We need to eliminate that. We need to make one standard, period, and the college of traditional Chinese medicine and acupuncture would then regulate that standard.

Mrs. Witmer: Okay. So that's a priority.

Mr. Lomangino: To call yourself an acupuncturist, yes, because it's misleading. Acupuncture has a lot of history behind it. Other people who may have taken a weekend course are using the name and not really using the fundamental principles behind acupuncture. It's like champagne. You can't sell champagne in this country unless it's made in Champagne, France; otherwise, it's just wine with bubbles.

Mrs. Witmer: What about these people who practise acupuncture but don't call themselves acupuncturists? How do you believe they should be treated?

Mr. Lomangino: They should maybe take a course through the acupuncture college and meet a minimum standard. I couldn't tell you, more or less, what that standard would be, but they need to follow that standard, and then they can call themselves intramuscular stimulation technicians so that it's not misleading to the public. When they go there, they know that they're just getting a localized type of treatment, not a rounded, holistic approach, which acupuncture is based on. This idea of

putting needles in for pain is very limited, a very narrow scope. It's disturbing to me and my patients and people I talk to.

The Vice-Chair: Ms. Martel.

Ms. Martel: Thank you very much for your presentation. Let me tell you where I'm coming from. I want to see the practice regulated. I said that in second reading.

Mr. Lomangino: I agree.

Ms. Martel: I also agree that there will certainly be a category of people who define themselves as acupuncturists who will have a much higher standard of training that will be developed by the new college, and they can call themselves acupuncturists. They will have a standard that they have to meet. I also believe there are currently a number of other regulated health professionals who practise acupuncture who should not be called acupuncturists but should continue to be allowed to practise acupuncture, and to get there, we would need a minimum standard for those other regulated health professionals so they can continue to provide acupuncture, but they will not be acupuncturists.

Mr. Lomangino: Or called acupuncturists.

Ms. Martel: Exactly. The legislation now says you can have a TCM practitioner or you can have an acupuncturist, but that implies that you're going to have to have two standards, from my perspective: a standard for those who want to, and rightly should be able to, call themselves acupuncturists and a second standard for a group of people who provide acupuncture in addition to chiropractic, etc.

Would you agree, then, that you need at least a minimum standard for those folks and another standard that the college will also set for people who are going call themselves acupuncturists?

Mr. Lomangino: Yes.

Ms. Martel: And do you have any sense for those other regulated health professionals to allow them to perform acupuncture? What would be a minimum standard they would have to meet? Do you have sense of that? Any suggestions?

Mr. Lomangino: I would say 500 hours through the college of acupuncture and traditional Chinese medicine. They would have to take that course, a minimum of maybe 500 hours.

Ms. Martel: Are there particular institutes or places where they can go to get that in Ontario? Are there a number of educational institutions, or do we have to set those up?

Mr. Lomangino: We have to pretty much set those up, and set it up through the acupuncture and traditional Chinese medicine college, which would then regulate the standard as a whole. Then they would be able to take that course that would allow them to practise acupuncture but not call it acupuncture, so they can still provide the therapies but call it maybe intramuscular stimulation.

Ms. Martel: Do you think the bill needs some definitions—a definition of "acupuncture," for those who will practise under TCM, and a definition for "adjunct modality"?

Mr. Lomangino: Yes.

Ms. Martel: So two different definitions?

Mr. Lomangino: Yes.

Mr. Kular: Thank you for appearing before the committee. As you know, section 3 of the Regulated Health Professions Act reads that the government must ensure that Ontarians have access to services provided by the health professions of their choice. There should be no monopoly of one college.

You say the college of TCM and acupuncturists should handle only acupuncturists. As you know, at the present time I'm a member of the College of Physicians and Surgeons of Ontario. The College of Physicians and Surgeons of Ontario says what is the definition of a physician, what is the definition of a surgeon. In the same way, this is what Bill 50 does. The college of TCM and acupuncture will set these minimum standards so that Ontarians are safe to go to a person on whom they can depend.

Mr. Lomangino: I think acupuncture is not a technique; it's a system, and it needs to be understood. So we need to regulate that system. It's like, "Why can't I do adjustments, since it's a technique?" But no. You have to go through the chiropractic college in order to do chiropractic approaches or techniques. Just like if you're a physiotherapist. "Why can't I do some muscle strengthening and stretches and bill for physiotherapy?" You have to go through the physiotherapy college in order to do so.

Mr. Kular: That's what we think Bill 50 will do. It will set a college of Chinese medicine—

Mr. Lomangino: No, it's not clear at all. It allows all of these different professions to actually make their own standard for acupuncture. That's misleading. We need to make one standard for acupuncture, and it is going to be the traditional Chinese medicine and acupuncture college that will do so, and anybody who wants to take that would have to go through them, period.

The Vice-Chair: Thank you, Mr. Lomangino, for your presentation, and thank you to everyone who has been with us since the morning. Now we are going to recess until 3:30 sharp, please, because—okay, go ahead.

Ms. Martel: Chair, might I ask for some research to be done? I would like to know if health care professionals who are currently members of a college can be regulated under more than one college, and what is the process for that to occur?

Secondly, I would like written clarification for section 18. Particularly under section 18, is it clear that the regulated health professions can practise acupuncture and that will be regulated by their own college, not by a TCM college? And if that's the case, then is there any minimum standard across any of those professions that would say, "If you're going to provide acupuncture, here's the minimum level of training, the minimum level of practice, here's the test you have to pass, etc."

The Vice-Chair: Anything else?

Ms. Martel: No, that's it.

The Vice-Chair: Thank you very much. Now we'll recess.

Oh, sorry, go ahead. Another one.

Mrs. Witmer: One other question: It's been brought up this morning that some of the professions—

The Vice-Chair: This question is for research?

Mrs. Witmer: Yes, for research—that some of those individuals who practise acupuncture and are part of another profession are allowed to bill through OHIP. I'd like to find out who exactly is allowed to bill for acupuncture to OHIP currently.

The Vice-Chair: Any other questions? Now we're going to recess until 3:30 sharp. Thank you very much.

The committee recessed from 1216 to 1530.

CHINESE MEDICINE AND ACUPUNCTURE ASSOCIATION OF CANADA

The Chair: Colleagues and ladies and gentlemen, I'd like to reconvene the standing committee on social policy with regard to Bill 50, An Act respecting the regulation of the profession of traditional Chinese medicine.

I would now invite our first presenter of the afternoon, Professor Cedric Cheung of the Chinese Medicine and Acupuncture Association of Canada. Professor Cheung, and to all gathered here, the procedure is that there will be 10 minutes in which to make your presentation. Any time remaining will be distributed evenly amongst the various parties for questions and comments. Professor Cheung, I invite you to begin now.

Mr. Cedric Cheung: Mr. Chair, committee members, acquaintances and colleagues who have worked hard for regulation, I would like to express profound thanks to the Minister of Health, George Smitherman, and the government of Ontario for introducing and debating Bill 50, an act to regulate TCM and acupuncture.

Bill 50 was first introduced in the Legislature on December 7, 2005, by Minister Smitherman. It has been more than 23 years since CMAAC started lobbying and, in 1994, applied to the Ontario government for regulation. There's no doubt that since the original application was made, many other TCM and acupuncture organizations, along with the regulated professions, have participated in public hearings to finally move closer to the goal.

Should Bill 50 pass its third reading and achieve royal assent, a transitional council would be established and would eventually become the college council, as per the Regulated Health Professions Act, as all other regulated health professions already have their own colleges in place which deal with any complaints regarding their own members. This regulatory college of TCM and acupuncture will establish standards of education and practice for the profession as well as a strict code of ethics. There will be a tiered registration, including the use of the doctorate title, reserved for those practitioners whose competencies and skills reflect the advanced training required.

The regulation of TCM and acupuncture in Ontario is, without doubt, long overdue. This does not do Ontarians any justice or fairness. There are many unqualified practitioners who are practising acupuncture on the unsuspecting public. Unqualified practitioners pose obvious immense risk to the public for the spread of infections such as hepatitis or AIDS from unsterilized needles; internal organs such as the pneumothorax being punctured; miscarriages induced from needles inserted into inappropriate acupuncture points; or even heart attacks in patients with pacemakers by the application of unnecessary electrical stimulation. As well, wrong herbal prescriptions, which are being administered by unqualified practitioners, can give rise to severe medical complications. Not only could patients endure physical harm by these practitioners, but there are documented cases of psychological harm to patients caused by practitioners who do not hold TCM standards and ethics in high regard.

We cannot emphasize enough that, even being passed into law, Bill 50 would not become comprehensive legislation. It primarily establishes a college of TCM and acupuncture similar to the colleges for the other regulated health professions in Ontario. This would be a self-regulating college which would be responsible for many functions, such as responding to complaints, establishing standards for training and continuing education, and ensuring professional and ethical conduct. If necessary, after Bill 50 passes, refinements can be made through the college itself.

There seems to be many specific questions being raised about what may be allowed after regulation. Bill 50 allows practitioners to perform a TCM assessment and treat accordingly, using acupuncture, herbs or a combination of both. There are some questions regarding point injections of herbal substances below the dermis and Chinese orthopaedics, traumatology and tuina. These can be included in the scope of practice of TCM but may require further clarification, which at this point is best done through the college after it is established.

As we proceed to the next phase in the development of the bill, this issue will be addressed in a transparent way, because, unlike BC, the health professions act cannot discriminate against regulated practitioners or prevent them from practising. This is because the intent of the legislation is that other regulated professions have shared scopes of practice. According to the World Health Organization and WFAS, regulated professionals such as medical doctors and physiotherapists could perform acupuncture as an adjunct, provided they become qualified with the requirement of a minimum of 220 hours of training—reference to the constitution of WFAS and the WHO document under, “Guidelines on Basic Training and Safety in Acupuncture.” This will enable these professionals to treat some diseases.

Regulation would improve our visibility and credibility to the public. Tiered registration is necessary, given the wide range of education and experience in the TCM and acupuncture community. This is distinct from the

minimum WHO standard for regulated health professionals and is in the best interests of the public, as it will ensure that all practitioners will be able to perform at the highest level of competency within their scope of practice, whether they are an acupuncturist, TCM practitioner, herbalist or doctor of TCM. This enhances our profile in the public and empowers them to decide what level of treatment they wish to receive. This also enhances the credibility of our profession in the health care field, opening the door to more opportunities in integrated health care, research and even improved third-party insurance, WSIB and Veterans Affairs coverage for our services.

Grandfathering existing TCM and acupuncture practitioners is a given, but the details can only be decided by the transitional council of the college after Bill 50 passes, or it can be addressed in the legislation. Certainly, some time will be required to establish the educational programs and standards, and people will be given the opportunity to meet those standards or even upgrade their level of training.

We hope we have adequately addressed some of the concerns that have already been raised, and that there is no justification for our profession to choose not to regulate TCM and acupuncture in the province of Ontario, as there is no doubt that the passing of Bill 50 will change the face of the health care system, such as the reduction of health care costs and waiting lists. It is time to move forward with our future as one of the regulated health professions.

In closing, we must all focus on humanity in order to improve the health care system of Ontario. Only by passing Bill 50 will the safety of Ontario be assured.

The Chair: Thank you, Professor Cheung. We have about a minute per side, beginning with Mrs. Witmer of the PC caucus.

Mrs. Witmer: Well, thank you very much, Dr. Cheung. You certainly worked long and hard, and obviously you're thrilled that Bill 50 is in front of us at this point. Is there one recommendation you would make that could be added to the bill that you think would improve the legislation?

Mr. Cheung: With my limited knowledge of the legislation, I trust that the government of Ontario will address the main issues in Bill 50 and will guarantee the safety and protection of the public as a top priority. I believe that the government of Ontario will address other detailed issues, that maybe in the transitional council to be set up or in the college.

The Chair: Thank you, Mrs. Witmer. Ms. Martel.

Ms. Martel: Thank you, Dr. Cheung, for being here. I'm going to focus on the World Health Organization guidelines because those guidelines, developed in 1999, set out standards for physicians. Not so much for other regulated health professionals, but even for physicians it suggests that 200 hours of training would be required to practise acupuncture. Under the bill, a number of other health care providers can practise acupuncture, but we have no set standard—no minimum number of hours, no

maximum number of hours—about which kind of training they should receive in order to be able to practise acupuncture. Do you have concerns about that? Do you think we should be looking at the WHO guidelines or some other guidelines?

Mr. Cheung: The 1999 guidelines are under the WHO. I have clarified, as you know—I am also the chair of the legislation committee of WFAS—that WFAS has quotas, and also the WHO. The director of traditional medicine in WHO, Dr. Zhang Xiaorui, and has clarified that physiotherapists should be allowed to use acupuncture in their job as well, although in the guidelines only physicians are mentioned.

1540

Ms. Martel: That's right.

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

Mr. Cheung: The number of hours of training is the same for physiotherapy.

The Chair: Mr. Fonseca.

Mr. Fonseca: Thank you, Professor Cheung, for your presentation. With Bill 50 and the regulation of traditional Chinese medicine, which is long overdue in bringing forward the best practices when it comes to acupuncture, would you say it will help the other regulated professions that today perform acupuncture, even raise their standards, or to look at the college of traditional Chinese medicine for further best practices? We're always in an evolutionary mode towards better practices when it comes to medicine.

Mr. Cheung: I believe, also my organization believes and my colleagues believe, that integrated medicine is very important in the health care system. If other regulated professionals practise acupuncture in adjunct within their scope of practice, it should be able to guarantee the safety of the general public. Although we are limited in our training, that doesn't mean that—

The Chair: With respect, thank you, Mr. Fonseca, and thank you as well, Professor Cheung, for your deputation on behalf of the Chinese Medicine and Acupuncture Association of Canada.

CHINESE MEDICINE AND ACUPUNCTURE CLINIC

The Chair: I would now invite our next presenter forward, and that is Dr. Yifang Tian of the Chinese Medicine and Acupuncture Clinic of Waterloo. Dr. Tian, please come forward and be seated. As you've seen, you have 10 minutes in which to make your deputation. I invite you to begin now.

Dr. Yifang Tian: Good afternoon, Mr. Chairman.

Dear all, My name is Yifang Tian. I am the general secretary of the Chinese Medicine and Acupuncture Association of Canada, but today I represent the Chinese Medicine and Acupuncture Clinic in Waterloo, Ontario.

There are three points I would like to emphasize here today. The first one, section 9 of Bill 50, I think is a

practical method right now for the complexity of the acupuncturists' situation in Ontario.

As you all know, a part of Bill 50 targets against us. I would say, however, that not only in Ontario but also in the world, even in China, different kinds of people are doing acupuncture and traditional Chinese medicine. History has made this happen. This is a reality. The government can start regulating and gradually improving it. Different colleges, the governing bodies, should ensure their members' actions. In fact, professions like chiropractic, physiotherapy or even massage already have college and university training. They have basically medical training, so I would not worry about them doing acupuncture and causing any harm, compared to some other acupuncture organizations' members, because, as I know, some organizations took membership without any qualifications, without any basic medical training at all. It is they we should worry about doing harm to the public's health.

The second point: For more than five years, do you know that an organization called the Ontario acupuncture exam qualification committee has been advertising and has misled the public, saying they are the authoritative TCM and acupuncture governing body in Ontario? A lot of people have paid them big money to take their exams and be certified by them. Who has given them the authority? Ironically, this group is the core against us of Bill 50. Of course, once the real and legitimate TCM and acupuncture governing body stands up, they will be in trouble.

The third point: Today, TCM and acupuncture are in fact a popular part of the well-being of Ontarians and need regulation, as do others.

In 1989, I came to Ontario, Canada, as a recipient of the Cystic Fibrosis Foundation from China. I was a doctor and an assistant professor at the Chengdu University of Traditional Chinese Medicine. I came here to do research to develop a vaccine. I finished my master's in immunology and microbiology at the University of Guelph. I opened a clinic in Guelph, and since then in Waterloo.

The ages of my patients range from a newborn baby to 99 years. Families have up to four generations under my care. All different kinds of people come to me: the poor, the rich, mayors, lawyers, doctors, dentists—anyone. All classes of people come. The problems they want me to help them with are very wide-ranging, including arthritis, Parkinson's, cancer, stroke, many chronic illnesses, and even infertility. So I think I'm part of the community.

I told my community I needed to come here to address a serious point. I don't have more to say. I'm actually in Mrs. Elizabeth Witmer's riding. For a few years I've tried to go to your office, but I never found the time to make an appointment. I'm so glad and so grateful today that I could come here to make my point. Thank you to all.

The Chair: Please be seated, Dr. Tian. We have about two minutes or so per side, beginning with Ms. Martel of the NDP.

Ms. Martel: Can I go to your point 1? When you say number 9 of Bill 50, I don't understand what that is.

Dr. Tian: Number 9 says that chiropractors, physiotherapists or any person who does acupuncture should be qualified by their own governing body. This is a core target for those who are against this. Acupuncture shouldn't just have one standard; we can have multiple standards. At the beginning, I thought this was so true, but decisions have to be made. I go to conferences every year throughout the whole world, and I know that in every country, people pick up acupuncture gradually and work on it because it has some use. Many different kinds of professions like to pick up this tool to help people and for it to be part of their practice. We should welcome them. But of course, different governments have different situations.

The same thing happened in Ontario. I was at the traditional Chinese medicine university for 18 years—full time, six days a week—and I got my MD in traditional Chinese medicine. But of course, some people study acupuncture over a few weekends. Then compare how we help people, some with quitting smoking and some with body pain. For me, I can help people more.

I'll give you one example. Seven years ago, one patient, a lady, had severe—

The Chair: Dr. Tian, with respect, I will have to offer it to the next party. We'll give it to the government side.

Mr. Fonseca: Thank you, Dr. Tian, for your presentation and for addressing many of the abuses that have taken place with traditional Chinese medicine and acupuncture in the province of Ontario, something we want to stop by regulating traditional Chinese medicine. Through this process, as a governing council and transitional council are formed, we want to make sure that traditional Chinese medicine has a place here for all the people in the province of Ontario.

Through many of the other regulated health professions we have throughout the very large province of Ontario, we want to make sure there are many Ontarians who have access to acupuncture. Many are receiving acupuncture, as I have, in communities throughout Ontario within the scope of some of the other regulated professions. I understand that your expertise and scope of practice may be larger, but many Ontarians are receiving some very beneficial health treatment through the other regulated professions.

The Chair: Thank you, Mr. Fonseca. We'll move now to Mrs. Witmer.

Mrs. Witmer: Thank you very much, Dr. Tian, for being here today. You expressed in number 2 a concern about an organization that you believe is not providing accurate information to the public.

1550

Dr. Tian: Yes, for more than five years now. A lot of people have even said to me, "You should take the exam from them." As far as I know, they're still running, and they're even advertising in the Yellow Pages and through the Internet. If you need to know, I am surprised. Mrs. Witmer, they are the members that you mentioned last

time; you said that we should think about their request. They are the core group against Bill 50. I think this is one reason they are so against it.

Mrs. Witmer: How many clients in our community of Kitchener–Waterloo would you serve at your clinic? Would you have quite a huge—

Dr. Tian: I don't have an estimate. I can tell you that sometimes I treat 20 patients a day and sometimes less. I have different classes; even MPPs come to my office. I have family doctors who I help. They try to do acupuncture themselves, but when they have tough cases, they tell their patients, "You should go to this lady." So I'm proud to be part of the community. I'm helping people there.

This one lady had a severe, congenital—the chiropractor didn't help her, but then she came to me and I helped her. The neurologist said to do surgery, but the insurance wanted to pay the chiropractor, and now I help her. She still owes more than \$600, because I want to help her. It's been 10 years now. I just think I've helped people there.

Mrs. Witmer: Thank you very much for coming. I really appreciate your presentation.

The Chair: Thank you, Dr. Tian, for your deputation on behalf of the Chinese Medicine and Acupuncture Clinic of Waterloo.

PROFESSIONAL ACUPUNCTURISTS ASSOCIATION OF ONTARIO

The Chair: I would now invite our next presenter, Mr. Raymond Yeh, president of the Professional Acupuncturists Association of Ontario. Mr. Yeh, as you've seen, you have 10 minutes in which to make your presentation, beginning now.

Mr. Raymond Yeh: Good afternoon, Mr. Chairman and committee. I bring you greetings from the Professional Acupuncturists Association of Ontario. First, I would like to thank this committee and the Ontario government for the opportunity to make our presentation here today on behalf of the PAAO.

The Professional Acupuncturists Association of Ontario was one of the original four organizations that called on the Ontario government to regulate traditional Chinese medicine and acupuncture. Our goal has always been to protect the safety and the interests of the public and to uphold the integrity of qualified practitioners in this profession.

Over the past 15 years, we have had the privilege of attending and participating in numerous public hearings and committee meetings. I can still remember, during the early years, that there was an argument about whether acupuncture and traditional Chinese medicine were really effective forms of treatment. There were also arguments between different organizations about whether acupuncture should be regulated on its own without traditional Chinese medicine, because that would be an easier route to go. In the last 15 years, the number of organizations involved in this profession has mushroomed, I estimate, to over 100. Some are legitimate; many are not.

Sitting in the Legislature at the end of last month, more specifically September 27, and listening to the various members of Parliament debating the merits of Bill 50, it was clear to me that the Ontario government understands the importance and urgency of regulating acupuncture and TCM. It was also clear to me that various members from both sides of the aisle were genuinely interested in having a bill that would protect the public and also give credibility to those qualified practitioners in the profession.

I think it's important for the Ontario government and the public to understand that although the members were concerned about a lot of opposition coming from different groups, most of this opposition comes from a few individuals who present themselves as different organizations. Some of these organizations criticizing Bill 50 as not tough enough to protect the public are also the same groups that 10 or 15 years ago were trying to push through acupuncture by itself. Allow me to speak very frankly: If this group of people have their way, they would not mind seeing the present situation of an unregulated nature in Ontario to continue for another 15 or 20 years. That way, they can keep on practising acupuncture in Ontario without having to justify their own qualifications to anybody. I think Dr. Tian, who spoke in front of me already, touched a little bit on people setting up an examination committee. Lots of people, especially new immigrants from China and other countries, have been fooled and paid big money; they thought this was a legitimate examination that would give them legitimacy to practise acupuncture in Ontario.

Ladies and gentleman, Bill 50 may not be perfect, but at least it gives us a starting point to regulate acupuncture and TCM in Ontario. Bill 50 is not meant to exclude anybody from practising acupuncture and TCM in Ontario. Nor is it a bill to favour any particular organization. Bill 50 will allow the Ontario government to work with those who are qualified in this field to begin regulating certain standards so that the public interest will be protected. I think it is high time that the government and the Ontario public know what is going on. We have to commit ourselves to do the right thing and regulate TCM and acupuncture as soon as possible.

The Chair: Thank you, Mr. Yeh. We have about 2.5 minutes per side, beginning with the government.

Mr. Fonseca: I'd just like to thank Mr. Yeh for his comments. I think he got right to the point: It's about moving forward and fixing something that is definitely broken here in Ontario and to give the people of Ontario the assurance that they want in traditional Chinese medicine, working with partners like yourself and others that have come forward for the betterment of everybody rather than some groups, yes, that have been out there that have been really not looking to move forward. So I thank you once again for your comments. Is there anything else that you would like to add as we regulate traditional Chinese medicine and as we bring it to this transitional council, what you'd like to see, some of the things that you would like to see?

Mr. Yeh: Definitely. I think Bill 50 will give us an opportunity to start working towards regulation. From our perspective, we are not trying to exclude anybody. We have mentioned many times that we would welcome those who are qualified, noting that they might have different educational backgrounds or clinical experience. All that has to be taken into consideration. If somebody is genuinely interested in using TCM or acupuncture to help the public to ease pain or suffering, they have nothing to be afraid of, because we will be working very closely with the Ontario government, trying to implement a future college which would include everybody and put everybody into different categories based on the education and experience they have.

The Chair: Thank you. We'll now move to the PC side.

Mrs. Witmer: Thank you very much, Dr. Yeh. I think everybody has agreed that they do support the regulation of the profession. Bill 50 will obviously, in some shape or form, be approved at the end of the day, and it will move forward. I guess what I heard you say—you made some statements indicating that those people who maybe were recommending that there be changes or who didn't support the bill in its present form wanted to make sure that there was no regulation whatsoever. Those are some pretty serious allegations. I would just say to you, do you believe that to be true? I'm a little bit concerned about that because obviously what we want to do is protect the public. So to hear you say that, I was quite surprised.

Mr. Yeh: I was at the Legislature on September 27 and I heard the arguments on both sides of the aisle. The feeling I came away with is that the government on both sides is genuinely interested in pushing through a bill that would protect the public. I guess you have to forgive me for speaking very frankly. What you asked me about I know is true, because I have had personal experience with different groups over the past 15 years. A lot of these groups actually have cross-appointments, so you're talking about a small number of people, not 15 or 20 different organizations with thousands of people opposing Bill 50.

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Mrs. Witmer: Obviously, we want this bill to be the best it can be. I've been in government myself, a cabinet minister, and there's always something you can do to improve a bill. There truly is. You don't have the monopoly on all that's right. Is there anything here, any change that we could make that you think would help to satisfy some of the individuals who obviously have concerns that they believe are legitimate?

Mr. Yeh: Yes, I agree with you—

The Chair: With respect, I will have to move it forward and offer Ms. Martel the floor.

Ms. Martel: Thank you for making the presentation. I view public hearings as an opportunity for people who have concerns to come forward and suggest how the bill could be made better, and that's why I pushed for public hearings. The concern that I continue to have is that I am most interested in protecting the public, and I am unclear

as to how we are going to protect the public if each different regulated health care profession sets its own standard with respect to acupuncture. I would be far happier if the government or the TCM college said very clearly to all the regulated health professionals, "This is the minimum standard we expect you to have in order to practise acupuncture."

Mr. Yeh: That has been our hope for the past 15 years. We were hoping the government would step in and work with the whole TCM and acupuncture profession. Like I mentioned at the beginning, Bill 50 may not be a perfect bill, and we are not, from our perspective, trying to exclude anybody. We would like to work with those groups that are in opposition. We want to be inclusive. We want everybody to work together. But understand, they all have different educational backgrounds and clinical experience, so setting minimum standards would protect the public at a minimum level. On top of that, as the future college progresses, then we'll have to set certain standards; for example, different titles to reflect different educational backgrounds and what kind of serious complications they can treat.

Ms. Martel: But that's for the TCM practitioners and the acupuncturists themselves. My concern is for the group of regulated health professionals who are not acupuncturists or TCM practitioners but who also, as part of their profession, provide acupuncture for pain management. As a consumer, I would like to know, regardless if I go to see a physiotherapist, a registered massage therapist or a chiropractor for acupuncture, that that person has a minimum level of education, a minimum level of training, and has passed a certain test or exam that allows them to practise.

The Chair: Thank you, Mr. Yeh, for your deputation and presence on behalf of the Professional Acupuncturists Association of Ontario.

JANE CHEUNG

The Chair: I'd invite our next presenter, Ms. Jane Cheung. Ms. Cheung, I invite you to be seated. As you've seen, there are 10 minutes in which to make a combined presentation, beginning now.

Ms. Jane Cheung: Standing committee members and fellow colleagues, thank you for allowing me to speak to you this afternoon regarding the upcoming regulation on TCM and acupuncture in Ontario.

I would like to begin by introducing myself briefly. Coming from a family of TCM practitioners, my training consisted of a four-year program of TCM and acupuncture, which I completed after a bachelor of science degree. I also did a one-year clinical apprenticeship at the Nanjing University of TCM and passed my A level examination in China. I am a board member of CMAAC and participate in the education committee of CMAAC. Currently, I am practising TCM with the application of acupuncture and herbal prescriptions at the Oshawa Clinic, which is the largest private practice in Canada.

I support Bill 50 and look forward to the regulation of TCM and acupuncture in Ontario. I feel it is essential that

this bill pass, for the good of both the public and the profession. In terms of public good, regulation of TCM and acupuncture enhances public safety, improves patient choice, will likely improve patient access, and may even help with wait times and medication costs in Ontario.

Public safety is a must. Currently, the public has no assurance that the practitioner performing acupuncture on them has trained any length of time, met any minimum standard of competence, or even takes basic precautions against spreading infectious disease. For example, there was a huge case two years ago in Toronto where a practitioner unwittingly spread a fungal infection due to inadequate sterilization techniques. We need to ensure that all practitioners in the province are able to provide TCM and acupuncture services in a safe manner.

The level of competence of the practitioner affects both the safety and effectiveness of their treatments. I feel that the proposed tier system is ideal as it is able to allow practitioners with less training and experience to practise but also limits the complexity of the diseases that they are able to treat. I feel that the public will be assured once they understand the level of competence that each tier of training represents. I know that some current practitioners are apprehensive about whether they will be able to practise after regulation becomes a fact. I believe that everybody currently practising should be grandfathered for a certain time while the new college establishes its schools and standards. After that time, the college will have to decide on what standards are necessary for everybody to meet. This may be some combination of years of training and years in practice, or perhaps everybody will have to pass an exam. The tier system, including recognizing a doctor of TCM where appropriate, will also improve patient choice. I feel the people of Ontario would like to be able to judge the quality of health care that they may be receiving, and that those seeking the highest level or with the most complex cases might prefer to be seen by somebody with doctor of TCM qualifications.

In the future, I hope that we will be able to collaborate with the other health professions and provide care as a team, further enhancing patient choice. Establishment of professional standards is the obvious first step down the path. I'm sure that patient access to TCM and acupuncture will benefit after regulation. I have found that currently with private insurance plans do have some amount of coverage for acupuncture; however, in most cases the acupuncture must be provided by somebody who is a regulated health professional or a naturopath. So the current situation is that I have people who end up having to see a physiotherapist or naturopath in order to have acupuncture, even though acupuncture is an adjunct treatment method for those health professions and my qualifications and experience in acupuncture would allow for more advanced treatments. With TCM/acupuncture becoming regulated, I feel that insurance coverage for my treatments can finally become a reality and this barrier can be removed.

With increased use of TCM/acupuncture, I believe that the personal and public burden of some conditions can be

greatly reduced. For example, with treatment, arthritic patients not only benefit from decreased pain and increased joint function, they also may not need to use as many anti-inflammatories, thereby saving on medication costs as well as the potential cost of bleeding ulcers. In China, with the use of TCM/acupuncture, they have found that fewer people need to be on the waiting list for joint replacement.

Another example was described by Liberal MPP Richard Patten during the second reading of Bill 50. He referred to a study which showed that hospitalized stroke victims treated with acupuncture had an almost 50% reduction in the length of their hospital stay. This alone can translate into millions of health care dollars saved. The government of Ontario is aware of the potential cost benefits of regulating TCM/acupuncture in the current environment of ever-increasing health care spending.

As far as the good of the profession, I have already discussed the potential improvements in patient access through insurance coverage and likely improved collaboration with other health professions. There would also be the benefit of improved public awareness of TCM and acupuncture and how our treatment differs from other professions who perform acupuncture. There would also be the public assurance that members of our college meet professional standards in knowledge, competency, safety and ethics.

We may also receive more referrals from other health professionals once we are regulated. I know that Dr. Linda Rapson, executive president of the Acupuncture Foundation of Canada, has mentioned before that there have been cases where their members have wished to refer patients to TCM and acupuncture treatments but have been hesitant due to the lack of standards. I should mention that AFC members are other regulated health professionals that have taken acupuncture training and used acupuncture as an adjunct. In my personal experience at the Oshawa clinic, I have received referrals from medical doctors and physiotherapists, especially in the tough-to-treat or complex patient populations. I've even had referrals from some doctors to assist their patients where the medical problem is not yet diagnosed.

There have been some concerns raised from within the TCM/acupuncture community itself which I find difficult to understand, especially when we all have the common goal of protecting the public. Further delay allows more potentially unqualified practitioners to begin practising and therefore be grandfathered after regulation.

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One of the concerns these individuals have expressed regards other professions still being allowed to perform acupuncture after regulation, especially as there is no minimum standard for their training. I find this is very odd as I know that medical doctors and nurses in China have been using acupuncture as an adjunct for years. There's even a WHO guideline for 220 hours of training for health professionals to become qualified to use acupuncture as an adjunct. I believe that every college has to

regulate their own members, so each college will have to decide what their standards will be. The new college of TCM and acupuncture can certainly provide input regarding standards and ensure that creditable acupuncture training is available to these other professions. At least with regulation the performance of acupuncture is limited to certain health professionals. This is far superior to the current, completely unregulated situation in Ontario.

Another concern that is mentioned is that Bill 50 does not mention diagnosis or TCM diagnosis being performed by practitioners. I believe this is due to "diagnosis" being a special term in Ontario, as it describes one of the controlled acts. The bill does allow for TCM assessment, which does not translate directly to diagnosis in Western medicine anyway. Classical TCM assessment does not require X-rays or lab tests, and our treatment plan will always be determined by the TCM assessment, not the Western medical diagnosis. We are still able to provide herbal and acupuncture treatments in Bill 50. I do not feel that Bill 50 prevents professionals from functioning any differently than they do currently.

If there are further questions or details that need explanation, the new college of TCM and acupuncture can pursue them on behalf of our profession. It is even possible to apply for inclusion of a controlled act into our scopes of practice in the future through submission to the Minister of Health and HPRAC.

In closing, there are a variety of reasons for the government to pass Bill 50 and set up the college, and many reasons for this to happen sooner rather than later. TCM and acupuncture in Ontario are currently unregulated, which puts the public in danger and allows our professionalism to be questioned. The passage of Bill 50 is a necessity that enhances public safety and confidence, improves our professional image and future prospects, and will benefit the health of Ontarians and even the health care system of Ontario.

The Chair: Thank you, Ms. Cheung. We've got 20 seconds each, beginning with the official opposition.

Mrs. Witmer: I will thank you very much; 20 seconds is not much time.

The Chair: Thank you, Ms. Witmer. Ms. Martel.

Ms. Martel: Very briefly, on second reading debate I suggested that the colleges could look at the WHO guidelines as a minimum standard. If they actually did that, I'd feel much more comfortable. The problem is, if you look at the different colleges, they have a wide variety of standards for their professions who are practising acupuncture, and that's what I'm trying to get at.

The Chair: Thank you, Ms. Martel. Dr. Kular.

Mr. Kular: I just want to thank her for really elaborating on all the issues. I think that the government is really doing a wonderful job by bringing this bill forward. It would definitely set up a college which would set these standards for traditional Chinese medicine and acupuncture.

The Chair: Thank you, Ms. Cheung, for your presence and deputation.

COMMITTEE FOR CERTIFIED
ACUPUNCTURISTS OF ONTARIO

The Chair: I invite now our next presenter, and that is Luheng Han, chair of the Committee for Certified Acupuncturists of Ontario. Mr. Han, I invite you to begin. As you know, you have 10 minutes in which make your presentation, beginning now.

Dr. Luheng Han: My name is Luheng Han and I am the chairman of the CCAO and the president of the Ontario Acupuncture Association. On behalf of 265 of our members, I'm here firmly opposed to the current draft of Bill 50. So far, this bill is endangering public safety and is discriminatory and full of flaws. Unless all the mistakes and flaws are changed fundamentally, we strongly urge the government and all the opposition parties and all members of Parliament to oppose the bill and not make the bill into law.

The following are the key issues.

To exempt all 23 regulated health professions from any minimum standard and any minimum requirement to perform acupuncture in Ontario and let all 23 colleges which do not have anything to do with acupuncture, nothing in their scope of practice, do not possess any qualification or any capability, to make whatever standard they want—it can be five hours, it can be two hours, it can be nothing—to perform acupuncture is a shame.

Acupuncture is an invasive treatment. Most of these regulated health professions are not allowed to perform any invasive treatment. This bill directly contradicts all the existing health regulations. Also, by allowing this one, this government will allow people who are incompetent to perform acupuncture and avoid any legal responsibility. So we think it is irresponsible.

The second question is about the “doctor” title. In this bill, the “doctor” title is hypocritical and very misleading. Unlike any other doctor in other regulated professions, the TCM doctor does not have any authority to communicate a diagnosis, write a prescription or order a medical test. Please stop playing this type of political trick. If the TCM profession deserves to be doctors, then grant them the “doctor” title with the same authority and legal right, like any other regulated health profession. If the TCM profession does not deserve the “doctor” title, don't give it to them; call them something else.

If the “doctor” title is here to stay, it must be issued to protect the integrity of the name of “doctor.” We believe an equivalent to other doctors in other professions—equivalent education—should be mandatory and detailed in this bill. It should be mentioned clearly in this bill.

Finally, on behalf of all our members and the majority of the profession's practitioners, we hope the members of this committee look into this bill with their hearts to see—if their family members take acupuncture if this bill is really in place—what will happen? And don't play any political games and don't put the political agenda ahead of the public safety interest.

The Chair: Thank you, Mr. Han. We have a fair amount of time left over. We'll begin with the third party. Ms. Martel.

Ms. Martel: Thank you for your presentation today. What would you think should be a minimum standard for the 23 regulated health professions to practise acupuncture as an adjunct therapy?

Dr. Han: I think they would have to have the equivalent training like the TCM acupuncturists. But we do believe that we are able to set a proper minimum standard. It can be 200 hours. We can have the professional consultation—we can get that—of 300 hours, 500 hours, even 200 hours. All the preliminary education and training can be counted together, but they have to have one minimum standard for all. You cannot allow physiotherapists to put in a needle after five hours of training or no training and without any legal responsibility because the law exempts them and protects them. Also, I believe that all other regulated health professions, if they want to perform acupuncture, should be registered with the TCM college under one umbrella and under control. It does not have to be equal hours for the training as the TCM acupuncturists, but they should have one standard for all of them, all 23, and under one umbrella for supervision and control.

Ms. Martel: So for those who are currently practising where there is not a standard in place, we grandfather those health care practitioners—like physiotherapists and chiropractors—who are now practising? Would you grandfather them and then the new standard applies to new people who want to practise?

Dr. Han: It's very simple. I think this one can be discussed in the future TCM college to find a proper way. But I do realize the reality in the province. Many—

The Chair: Thank you, Ms. Martel. We'll now move to the government side. Mr. Fonseca.

Mr. Fonseca: Thank you very much, Mr. Han, for your passionate presentation. I have to say that we agree with you, and we're on the same side when we're looking after the safety of Ontarians. The regulated health professions, the 23 that you talk about, are held, as traditional Chinese medicine will be held, to protect the public, to look after safety, to be accountable. All of these regulated professions have quality assurance built into them. They make sure that what they're doing has efficacy, is in the greater good of all Ontarians, and looks after their safety.

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As we move forward, this will also happen with traditional Chinese medicine as it is regulated. What you can be assured of is that only under traditional Chinese medicine will somebody be able to call themselves an acupuncturist. Others will continue acupuncture in their scope of practice, but only under traditional Chinese medicine will somebody be able to call themselves an acupuncturist.

Dr. Han: You're trying to explain something to me; it's not a question. Actually, I have a question for you: If a physiotherapist who trains for five hours performs acupuncture, do you think that's okay? With this bill, that is okay. Can you answer that question for me? You can't. In this bill, is it allowed for a physiotherapist to decide, “I'm going to do it after I train for two hours, regardless

of whether I'm qualified, because I make my own rules." You think that's okay?

Mr. Fonseca: May I respond, Chair?

The Chair: It'll have to be rhetorical. I now offer the floor to the opposition side.

Mrs. Witmer: Maybe we can have an answer to that question from the ministry staff who are in the room. Is that the interpretation?

The Chair: Mrs. Witmer, I'm advised by the clerk that because we have a speaker on the floor, we'll be addressing the speaker.

Mrs. Witmer: Okay. Thank you very much. You've indicated here on the last page that you believe 95% of TCM/acupuncture practitioners are against what's being proposed here.

Dr. Han: Yes.

Mrs. Witmer: That's 95% of those in the province of Ontario who consider themselves TCM/acupuncture practitioners.

Dr. Han: Yes. I'll give you just one simple example. We had a news release here in this building. Just before we got that one, the Ministry of Health—you know, it's just so annoying. They had a few people. In fact, I can use two hands to count for you the number of people who support it here today, like Professor Cedric Cheung. He's here, his brother-in-law is here and his daughter is here, so you can use one family to support the bill when all the others do not. This bill is not regulated for one family or for one group; this is for the people of Ontario. It's not even for TCM practitioners. I think we should look at what is best for the public and nobody else, not even TCM practitioners. So that's why I said to delete those who do not deserve to have the TCM "doctor" title.

Mrs. Witmer: What, then, are you recommending the government do, just very simply? What do they need to do?

Dr. Han: I would say to put it like Shelley did: have one minimum standard. It can be 200 hours, it can be 500 hours. Look at the reality of all 23 regulated health professions. We are not opposed to them doing it; that's not the question. It's about public safety. Put them into the TCM college. They don't have to call themselves acupuncturists, so they don't have to train for 3,000 hours. Even Dr. Cheung said—

The Chair: Thank you, Mr. Han, for your deputation on behalf of the Committee for Certified Acupuncturists of Ontario.

ONTARIO GUARD OF TRADITIONAL
CHINESE MEDICINE PROFESSIONALS
ONTARIO COALITION FOR UNBIASED
REGULATION ON ACUPUNCTURE
AND CHINESE MEDICINE

The Chair: Our next presenter will be Shiji Liu, the representative of the Ontario Guard of Traditional Chinese Medicine Professionals. It's my understanding that you are empowered by your association to read the

deputation but not to answer questions. Is that correct, Mr. Liu?

Mr. Shiji Liu: Yes.

The Chair: I'd invite you to begin. You have 10 minutes.

Mr. Liu: Good afternoon, everyone. Today, on behalf of Mr. Guo Ping Liang, the chairman of the Ontario Guard of Traditional Chinese Medicine Professionals, and the Ontario Coalition for Unbiased Regulation on Acupuncture and Chinese Medicine, I'm going to make a speech concerning Bill 50.

The Ontario Coalition for Unbiased Regulation on Acupuncture and Chinese Medicine declaration: The Ontario Coalition for Unbiased Regulation on Acupuncture and Chinese Medicine is formed spontaneously and voluntarily by acupuncture and Chinese medicine practitioners in Ontario. The goal of the coalition is to safeguard the rights and interests of acupuncture and Chinese medicine practitioners in Ontario. Imperative action must be taken at this critical moment to seek the unbiased and fair regulation of ACM in Ontario. Regarding Bill 50, the pending ACM legislation, the coalition hereby proposes the following solemn statements:

(1) The legislative process of Bill 50 was fundamentally flawed right from its initial consultation, through the first reading to the second reading by the Ontario Legislature. The Ministry of Health and Long-Term Care has not considered our strong objections at all to certain content in the bill. The ministry shows utter indifference to our feedback concerning the legislation to date. Now the Liberal government has pushed the bill through second reading without making any amendments requested by the vast majority of ACM practitioners. We have no choice but to oppose Bill 50 from now on. We will never accept this biased bill before necessary major amendments are made.

(2) For many years in Ontario and for several thousand years in China, acupuncture has been performed safely and effectively by acupuncture practitioners. To enhance safety for the Ontario public and to provide protection for the profession of acupuncture and Chinese medicine, we support fair, balanced and scientific regulation for ACM. But we absolutely cannot accept Bill 50 as it is now.

(3) Acupuncture must be regulated as a health profession as it has been regulated in many other jurisdictions. We strongly oppose Bill 50 for failing to protect acupuncture as a health profession.

(4) We oppose the current Bill 50 because the bill would neither provide protection for the public nor show respect for the profession of acupuncture and Chinese medicine. Bill 50 allows various standards to be applied to the acupuncture profession. To have a lot of standards applied in acupuncture is no different from having no standards at all, and simultaneously it discriminates against the acupuncture and Chinese medicine practitioners who hold legal licences now. This would create a great threat to the safety of the public. At the same time, it defeats the purpose of regulating a profession.

(5) Bill 50 fails to define the scope of acupuncture and Chinese medicine, and therefore it is senseless. It violates the fundamental rights and interests of the ACM industry. The bill would limit and hinder the future development and application of acupuncture and Chinese medicine in the province of Ontario.

(6) We call on the Honourable Dalton McGuinty, Premier, to question the Ministry of Health (a) why they refuse to listen to the concerns from the vast majority of acupuncture and Chinese medicine practitioners, and (b) why they introduce and insist on passing the unjust, unbalanced, unscientific Bill 50 without making amendments.

(7) The Liberal government shall be held responsible for any and all possible consequences of passing this bill. We will never surrender our legal rights nor accept the injustice. A class-action lawsuit will be launched, should this bill be passed into legislation.

The Chair: Thank you, Mr. Liu, for your deputation on behalf of the Ontario Guard of Traditional Chinese Medicine Professionals. As I understand it and as I mentioned at the outset, you are here to read your deputation but not to take questions.

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TRADITIONAL CHINESE MEDICINE PHYSICIANS ASSOCIATION OF CANADA

The Chair: With that, I would now therefore invite our next presenter, Mr. Adam Chen, president of the Traditional Chinese Medicine Physicians Association of Canada. Mr. Chen, please begin.

Dr. Adam Chen: Thank you to the committee. First, just a brief introduction of TCMPAC: The Traditional Chinese Medicine Physicians Association of Canada was registered federally in 1998. We have a standard of who can join the association and who cannot, so there is a minimum of training. A full member has to be fully trained as a TCM practitioner.

To talk about myself, I graduated from a traditional Chinese medicine university in China, and when I came to Canada I got my master's and PhD in genetics at the University of Alberta. I was the founder of the first, probably the only, program to teach acupuncture at a publicly owned institute, at Michener. Also, I was the founder of the first hospital-based training program, at Mount Sinai Hospital. Currently, I work at St. John's Rehabilitation Hospital.

On behalf of my association, I will talk about just four aspects. The first point is that the association fully supports Bill 50; the second point is about who will be allowed to practise and what the standard is; the third point is regarding the "doctor" title; and the fourth, and last, point is about grandfathering.

First, our association is in support of Bill 50. There are various reasons, and I think one that's very important is that in the current situation, anyone can practise without certification, without qualification, or with some qualification through their regulated health professional asso-

ciation and so on. So it's a chaotic situation and it poses a great danger to public health. With Bill 50, some of the people who are not qualified will be out. At the very least, it will be healthier and safer for the public to have a bill like this. Of course, this bill is not perfect. That's why we want to make our other points, in the hope that this bill will be improved so as to ensure more efficient and safer treatment for Ontario citizens.

The second point is about who will be allowed to practise. We believe that one authoritative organization, which would be the newly formed TCM/acupuncture college, should have a say as to who will be allowed or what minimum requirement, what core competency, needs to be reached to practise, either for current or future TCM/acupuncture practitioners or current regulated health professionals. Why? Because, as proposed by Bill 50, 23 regulated health professions may currently practise. They have a right to set a standard, so there will be 23 different standards. The future college will have no say in these standards.

Of course, we have to trust that these regulated health professional organizations will not do harm to the public; however, due to their limited knowledge of the whole field of TCM/acupuncture, it's difficult, if not impossible, for them to set a standard for each college. It's the same as the TCM college setting the standard for them to practise certain parts of a chiropractor's or a massage therapist's or a physiotherapist's action, that the TCM college can assure its safety. That's not enough. We also look at efficacy as well, so that the new college, with a group of professionals in this field, would have the best knowledge and the right to have a say. So that's the second point.

The third point is about grandfathering. We understand that people can learn TCM acupuncture knowledge through various ways, some through just a simple apprenticeship and some through formal training or taking short courses. We need to respect people who practise for 20 or 30 years and have ample amounts of clinical experience. We don't want to bury this tremendous treasure.

However, there are also ways to assess their competency and ability. There are existing ways that we can borrow. For example, in BC there are examinations, and the US has come to assess acupuncturists and TCM practitioners. Mainland China and other countries have had formal TCM training programs for many years. We can borrow these ways to assess these practitioners, not just on how many years you practise, which warrant your getting to practise automatically. We have to assess whether you have this ability or not. However, this is not a trick; it's a practical way.

Last and not least is about the "doctor" titles. We agreed with that. In the future, people will have different levels of competency and different levels of skills to practise acupuncture with TCM. They need "doctor" titles and acupuncturists of different levels to indicate the ones practising at different levels. I think it assures the public of the training background, by indicating the

training background or level of competence of these practitioners. Of course, this is not eliminating anyone from upgrading their skills through different programs to a higher level. We hope that in the future everyone will be practising at the same level. This would be very effective and safe for treating Ontarians.

That's my presentation. Thank you.

The Chair: Thank you, Mr. Chen. We'll now move to the government side. You have about a minute and a half, Mr. Fonseca.

Mr. Fonseca: Thank you, Mr. Chen. When I visit one of the regulated health professionals, be it a physio or a chiro or a doctor—as I have seen many in my life—I feel a sense of safety and security, because I know that they uphold professional conduct. They do have quality assurance built into their colleges and their profession, and they are accountable to the public.

The same thing will happen with traditional Chinese medicine. I have access to acupuncture—actually, I didn't get it through a traditional Chinese medicine practitioner or a doctor; I received it through a physiotherapist—and got great relief; it helped me a great deal. So a regulated professional, a physiotherapist, was able to help me through acupuncture. This happens thousands of times, if not millions, every day in Ontario, and it's working very well.

With the regulation of traditional Chinese medicine and with practitioners and also with the doctor level, I look forward to being able to go to a traditional Chinese medicine doctor, knowing that they're going to have the highest level, and to experience that type of medicine to help me as I get older and as I need health care help.

Thank you very much for your presentation.

The Chair: We'll now offer it to the official opposition.

Mr. John O'Toole (Durham): Thank you very much for your presentation. I'm here today because I, too, am interested in choice in health care. I want to make that clear. But I'm also interested in, as you said, the issue of public safety. I hope these questions aren't rude, but they are fairly simple.

First of all, are you a doctor?

Dr. Chen: I am a PhD, so they should have called me "Doctor." I earned it in Canada.

Mr. O'Toole: You're a PhD?

Dr. Chen: Yes. In the first introduction, I said that I graduated from the University of Alberta with a PhD in genetics. So please call me "Doctor."

Mr. O'Toole: That's good. I appreciate that, because you didn't use the title.

Dr. Chen: They only called me today, so I didn't give them my bio and so on.

Mr. O'Toole: I'm quite impressed with the neutrality of your presentation, to be quite frank. I also was wondering about the issue around the grandfathering. I live in Durham. Some of my constituents might be, for instance, physiotherapists or chiropractors. Some of them believe in refreshing and an on-going lifetime of learning of medicine and health. A lot of them are taking some of

these courses in traditional or non-traditional approaches, some of which are acupuncture. My question is, is there any requirement for traditional Chinese medicine and acupuncture to go together? Expanding on that, can a physio or a chiropractor also practise, in their scope of practice, acupuncture with this bill?

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Dr. Chen: You have two questions; one is whether acupuncture and TCM should be together. We believe they should be together, because acupuncture treatment is based on what the bill calls assessment. Regardless of what it's called, understanding of a disease, the cause, and understanding how to relieve this disease is based on TCM knowledge, so acupuncture should not be separated from TCM.

The Chair: Thank you, Mr. O'Toole. Thank you, Dr. Chen. I'll now offer it to the third party.

Ms. Martel: Thank you very much for your presentation. I want to focus on your concern that we're going to end up having 23 different standards for practice. When I spoke in the debate on second reading, I read into the record some of the standards of practice of some of the colleges with respect to their members doing acupuncture.

The College of Chiropractors right now, for example, recommends that their members who want to practise acupuncture adopt the WHO guidelines, which is 200 hours. I thought that was quite interesting, that the College of Chiropractors already thinks that should be the standard for their members. Theirs was the most complete in terms of standards. I don't see why we can't get to a stage where we do have some minimum standard that is common to all of the regulated health professions, so that I, as a member of the public, know, when I go to get my acupuncture, that that person has a certain level of training, has passed certain tests etc. The College of Chiropractors is already recommending 200 hours. Do you see that there's a problem in establishing some kind of minimum standard across all the colleges?

Dr. Chen: Yes, I do. We don't oppose any other regulated health professionals practising acupuncture. Actually, we encourage them to gain more skills and knowledge, to serve Ontarians better. However, the key is, who sets the standards? It's not how many hours or what the minimum requirement is. It's one organization to set a standard rather than—

The Chair: Thank you, Ms. Martel, and thank you as well, Dr. Chen, for your presentation on behalf of the Traditional Chinese Medicine Physicians Association of Canada. We appreciate your deputation and your presence.

SHENLONG INTERNATIONAL GROUP

The Chair: I would now invite our next presenter, Zhilong Xu, chief executive officer of Shenlong International Group. Mr. Xu, please be seated. As you've seen, you have 10 minutes in which to make your presentation, beginning now.

Mr. Zhilong Xu: Thank you, everybody. My presentation will be short. I just want to make some comments and share some information. First, my comments: On behalf of Shenlong International Group, I would like to thank everybody for giving us this opportunity to fully support the Bill 50 regulations.

Second of all, I want to share some information with you. Our company went to needle-free acupuncture, to Health Recovery Chips. It's a patented composition of silicone stone, nanometre technology to treat and recover from extreme chronic pain and disease conditions. The benefit is acupuncture without needles. It's convenient. You can do your own. It's very simple, easy to learn, easy to use, and effective. It works better than needles.

Our company mission is to be healthy, to help yourself and to help others.

Maybe you want to know how this works. New research has found that nanometre silicone chips have many unique characteristics which produce optical-electronic magnesium, heat by electrical reaction. Our nanometre technology allows for a much greater surface of silicone to interact with body energy meridians at a more accurate level. The result is great, as Health Recovery Chips are able to influence and adjust the cells of the body's acupuncture points. This chain reaction of the cells effectively balances the functioning of internal organs through acupuncture channels and circulation meridians.

Our comments: I would like more health professions to practise acupuncture under certain standards to help more patients with more chronic diseases in Ontario.

The Chair: Thank you very much, Mr. Xu. You've left a great deal of time for us in our questions and comments, and we now move to the official opposition. You have about two and a half minutes or so, Mr. O'Toole.

Mr. O'Toole: Yes, just briefly. Thank you for your presentation. I apologize; I don't have a script here. Let me clarify: You're suggesting a new format for acupuncture?

Mr. Xu: Actually, no. This may not be related to regulation, but it's just a new invention.

Mr. O'Toole: A new invention?

Mr. Xu: A new invention that we wanted to share with you. It's needle-free acupuncture—doing acupuncture without needles. Maybe it will help your regulations if you have some information.

Mr. O'Toole: I just want to clarify that: It's a new form of acupuncture.

Mr. Xu: A new tool; new technology.

Mr. O'Toole: New technology.

Mr. Xu: Yes.

Mr. O'Toole: Like taking a drug without taking the drug.

Mr. Xu: Without drugs, without needles—just basically a silicone stone put on acupuncture points. We have the clinical trials as working better than needles. We welcome everybody to come to our office to try it.

Mr. O'Toole: Is it in practice today, and is it a licensed procedure today? Who regulates it?

Mr. Xu: My comments: I would like to fully support the regulations in Bill 50 because it better serves to protect consumers. Our company's new invention also matches its mission: safety and effectiveness.

Mr. O'Toole: Thank you very much.

The Chair: Ms. Martel.

Ms. Martel: You have this in practice now, or you are just testing this system?

Mr. Xu: I am in practice now, yes.

Ms. Martel: Right. And you have your own practice? I didn't get all of your background; I apologize.

Mr. Xu: I was an MD in China. My subject is acupuncture and herbal formulation.

Ms. Martel: You did that before, and then you came to Canada? Have you practised TCM here, or practised acupuncture here before you developed this?

Mr. Xu: Yes.

Ms. Martel: Okay. Following up from Mr. O'Toole's question, is this licensed, this technology?

Mr. Xu: This belongs to a class 1 improvement. It's licensed, yes.

Ms. Martel: All right. Thank you.

The Chair: We move to the government side. Mr. Leal.

Mr. Xu, you have one more deputation question, with Mr. Leal.

Mr. Jeff Leal (Peterborough): Mr. Xu, thanks for your presentation. Does the Shenlong International Group—are you distributing this technology in North America for use?

Mr. Xu: Yes. We have manufactured all this year, yes.

Mr. Leal: So this has been field-tested in Canada or in North America?

Mr. Xu: No. It has been tested in China.

Mr. Leal: Are there clinical results from these tests?

Mr. Xu: Yes. Clinical results: For certain ailments and conditions, this is better than needles.

Mr. Leal: Could you provide some background information on those clinical tests in China?

Mr. Xu: Yes. We have been testing over 2,000 patients for 90 ailments and conditions, mostly chronic disease conditions.

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Mr. Leal: If I could continue, Mr. Chair, we'll have the clerk follow that up. The list of conditions that people have experienced in China which they've used this technology to cure: Would that be available too?

Mr. Xu: Yes. The effects rated much higher than traditional needles, and it was not invasive.

The Chair: Procedurally, Mr. Leal, if you're asking legislative research to formally submit some material to you, then you are welcome to do so.

Mr. Leal: I've just made the request, Mr. Chair.

The Chair: Thank you. Accepted.

Thank you, Mr. Xu, for your deputation on behalf of Shenlong International Group.

MAI YEE YUE

The Chair: We'll move directly to our next presenter, Ms. Mai Yee Yue. Please come forward. As you've seen, you have 10 minutes in which to make your presentation. You begin now.

Ms. Mai Yee Yue: Good afternoon, everyone. I support the contents of Bill 50, but there are still recommendations and amendments that need to be considered from a student's point of view.

Implementing a controlled act for traditional Chinese medicine, TCM diagnosis, is one of the issues of concern. In order for someone to benefit from the effectiveness of a TCM treatment, a correct diagnosis and differentiation must be determined. An incorrect diagnosis will lead to serious body damage. The risk of harm from TCM diagnosis includes misdiagnosis and inappropriate treatment, harmful treatments based on a misdiagnosis, as there would be in conventional medicine.

From our perspective, to be certified, a TCM practitioner has a minimum of 4,000 hours of training. Only highly skilled and qualified professionals in the field should be privileged to conduct any form of TCM diagnosis and TCM treatment and practice. Making a TCM diagnosis requires someone who has the appropriate knowledge and understanding of TCM concepts.

TCM is expressed in terms of a metaphysical philosophy in which the central concepts are the presence of an energy called ch'i and the flow of that energy through the body along meridian pathways, which can be characterized by a harmony of two complementary, opposite aspects of the body called yin and yang in a healthy person and a deficiency or excess of ch'i in an ill person. Therefore, the cause of diseases is expressed as a disharmony. A diagnosis is made by looking at the body as a whole and the interrelationship of its parts.

There are similarities between a western diagnosis and a TCM diagnosis. In both, a conclusion is made based on observation interpreted through theory. That conclusion is communicated to the patient, and the patient can be expected to rely on it. However, as there are significant differences between western diagnosis and TCM diagnosis relating to causal explanation and theory, TCM diagnosis should be treated as a new and distinct controlled act.

Only individuals with appropriate qualifications and TCM training should be allowed to make a diagnosis, because a misdiagnosis will lead to inappropriate treatment, such as acupuncture at the wrong points or an herbal treatment that can cause damage when prescribed for a condition that has been mistakenly identified.

For example, in situations where a patient exhibits sinus problems, the colour of the nasal discharge and the colour of the tongue are very important indications for making the correct diagnosis. In diagnosing sinus problems, there is one type of pattern with white-colour nasal discharge and white tongue coating, which is totally different from another pattern with yellow nasal discharge and yellow tongue coating. Different herbal medicines and acupuncture treatment strategies are used for

the acute stage of sinus infection, for chronic sinus infections and the prevention of further infections. An individual with insufficient training in tongue diagnosis may incorrectly diagnose a patient with an acute sinus infection as having a chronic infection, and the result of this will be an incorrect acupuncture treatment or an incorrect herbal prescription, which will make the acute sinus infection much worse and persistent. This is one reason why TCM diagnosis should be carried out by highly skilled and trained TCM practitioners.

Another example demonstrating the importance of making a precise diagnosis is seen in the case where a patient diagnosed with kidney yin deficiency may have dizziness, memory loss or low back pain caused by heat from a severe illness. Generally, one should not use heat to treat any yin deficiencies because heat should not be treated with heat. An untrained herbalist or unqualified TCM practitioner may mistakenly prescribe a xi yang tonic, which would create more heat and cause more damage to the patient. The patient may suffer from more severe back pain. This is another reason why TCM diagnosis should be a controlled act, so that only qualified TCM practitioners have the right to make a diagnosis. This will protect the safety of the public from the harm that may result from a misdiagnosis.

The final example describes situations involving prolapsed organs. In the case of a prolapsed organ, the muscles and tissues that normally hold an organ in place have weakened and lost their structural integrity. In TCM, to help prevent prolapsed organs from occurring and also to prevent them from getting worse, we advise patients to avoid excessive overwork or other causes which can make the patient fatigued. The point of a combination of these factors in connection with a prolapsed organ becomes apparent when one is aware of and remembers that prolapses are generally considered to be due to a severe deficiency or weakness of ch'i and a subsequent inability of the ch'i to hold some tissues of the body up and in place. If an unskilled practitioner makes an incorrect diagnosis in a case like this, tremendous harm to the patient will occur, because the result of treatment will be weakening and drawing the direction of the ch'i downward even more. This would cause the organ to collapse, even heavy bleeding, and induced trauma to the patient. These risks can be avoided if TCM diagnosis is only carried out by highly skilled and trained TCM practitioners.

It can be noted that TCM diagnosis is the root of any treatment remedy. Without a proper diagnosis, the purpose of a treatment is defeated. In order to protect the public from the harms and risks of a defective TCM treatment which results from a misdiagnosis, only qualified TCM practitioners should be allowed to make a diagnosis. Evidently, a controlled act for TCM diagnosis is critical and should be implemented for the safety of the public.

Thank you.

The Chair: Thank you, Ms. Yue. We have a generous amount of time, a minute and a half per side, beginning with the third party.

Ms. Martel: Thank you for your presentation today. There have been some other presenters who have also talked about controlled acts. Right now in the legislation there aren't any controlled acts that are given to those who would get the "doctor" title. You've talked to us about communicating a TCM diagnosis. I appreciate that. Are there other controlled acts that you also believe doctors of TCM should be allowed to have access to?

Ms. Yue: I think for acupuncture and herbal medicine; I support that. I think there should be a controlled act for acupuncture and herbal medicine.

Ms. Martel: So one for acupuncture and, for example, prescribing, dispensing, selling or compounding a drug would be another controlled act that a doctor of TCM should have access to. Okay. Thank you.

The Chair: To the government side.

Mr. Fonseca: Ms. Yue, thank you for your presentation. I have to say I think you are our youngest presenter thus far, and it was great to hear you. I'd like to know a little bit more about, in terms of your study, what level you are at. Are you almost graduating? How do you feel, as the college of traditional Chinese medicine is formed and the profession is regulated, that will help your career, moving forward here in the province of Ontario, which I think is a great time for you? Can you tell me, in terms of the "doctor" title, what type of level you would be thinking that the college would be bringing forward, in terms of numbers of hours of theory and practice towards achieving that "doctor" title?

Ms. Yue: Right now, at the school where I'm studying, it's about 4,600 hours, somewhere around there. I think that's a sufficient amount of time. But there's always more training that could come about later on, just for experience.

Mr. Fonseca: That's for the "doctor" title, 4,600 hours?

Ms. Yue: Yes.

Mr. Fonseca: Are you working towards that?

Ms. Yue: Yes. I plan to. Right now, I'm in my second year.

Mr. Fonseca: Does this piece of legislation, Bill 50, give you a lot of hope?

Ms. Yue: Yes, it does. It's actually very exciting.

The Chair: Mr. Arnott.

Mr. Ted Arnott (Waterloo-Wellington): Thank you very much for your presentation. I think you devoted much of your time to talking about the importance of protection of the public. You communicated to us the importance of ensuring that a diagnosis is accurate and the problems that might result if there is an inaccurate diagnosis. Do you have any specific suggestions for this committee as to how the bill could be strengthened to ensure that those sorts of situations don't happen, ever? Or do you feel that the provisions of Bill 50 are sufficient to create the kind of regulatory regime that's necessary to protect the public?

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Ms. Yue: I would honestly have to say that I don't know all the details of the bill, just because I briefly

looked over it, so I don't remember exactly all the details of it. But I think just to have it—for people who take a course, maybe like a weekend course, and then they have that certificate to give out treatments, I don't think that's a solid enough background to even make a diagnosis. I know from my own experience studying in school, learning about the tongue, or even the pulse, maybe at the end of the four years I'm studying, I'm not sure how solid my background will be even then, just because you need that experience, that intensive training just to build up to that point where you can make a proper diagnosis.

The Chair: Thank you, Ms. Yue, for your presence and deputation.

RICHARD DONG

The Chair: I'd now invite our next presenter, and that is Mr. Richard Dong. Please come forward, Mr. Dong. As you've seen, you have 10 minutes in which to make your presentation, which I invite you to begin now.

Dr. Richard Dong: Thank you. Good evening, everyone. I am very pleased to speak here regarding regulating traditional Chinese medicine and acupuncture.

We have been working in Canada for eight years, offering our professional acupuncture and TCM treatments to various communities. To date, the government did not regulate traditional Chinese medicine. Most insurance benefit policies don't cover acupuncture treatment offered by a TCM doctor or an acupuncturist. There is an obligation to move forward with the regulation of traditional Chinese medicine and acupuncture. We, on behalf of the community and citizens, strongly support and request the government to regulate traditional Chinese medicine as soon as possible.

Regarding the "doctor" title: The highly qualified practitioners of TCM and acupuncturists deserve the right to call themselves doctors. They should get the "doctor" title. The TCM colleges and the Ministry of Health should make the standards as soon as possible. My personal opinion: a minimum 4,000 hours of training and five years in practice.

In the beginning of the regulating, we should be authorized to use the grandfather clause, and the TCM colleges should be authorized to use the Chinese language in the licensing examination.

Thank you very much.

The Chair: Thank you very much, Mr. Dong. We have a generous amount of time for questions, and we'll begin with the government side, about two and a half minutes each.

Mr. Fonseca: Mr. Dong, thank you very much for your presentation. I would just like you to elaborate. As we move forward with the college, what do you see as some of the steps in terms of bringing the voices of traditional Chinese medicine to the table?

Dr. Dong: Excuse me, please?

Mr. Fonseca: As we move forward with the college of traditional Chinese medicine, those who will help in the transition: What type of expertise do you see coming

forward as the college is established? What people, what stakeholders, what individuals?

Dr. Dong: I'm—

Mr. Fonseca: Who should help?

Dr. Dong: Pardon? Who can be the members of the committee?

Mr. Fonseca: Yes. As the college is formed, who should bring their expertise? What key leaders in traditional Chinese medicine do you know of here who would bring their expertise forward in setting up the college?

Dr. Dong: My idea is not mature enough.

Interjection.

Mr. Fonseca: Mary, do you want to—

Dr. Mary Xiumei Wu: I think the question was, what kind of people with expertise should be appointed to the council? If I may, Chair, to answer this question, my personal opinion is that we need to have—

The Chair: Please identify yourself once again.

Interjection.

Dr. Wu: Sorry.

Interjection.

Dr. Dong: The best practitioner, the leaders of community associations, and someone from the other regulated health professions.

The Chair: We'll open it now to the PC side.

Mr. O'Toole: Thank you, Dr. Dong. Are you a doctor? It says here that you're a doctor.

Dr. Dong: I was an MD in China. Here, I'm not because I'm not regulated. They didn't give me a title. They didn't give me a space.

Mr. O'Toole: I appreciate your written submission on that. It's very good.

Dr. Dong: Thank you.

Mr. O'Toole: Again, I want to be on the record clearly for patient choice, because this is important. My question to you is this: Would you prefer to be regulated under the College of Physicians and Surgeons and have specialists from traditional Chinese medicine and those specific specialties under the umbrella of one college? If we have a bunch of colleges, we're going to have some confusion about titles.

In today's society, an engineer and a technician have problems, although quite often they do similar services in the community. So you have different persons today expecting to get certain service, such as through traditional Chinese medicine, with acupuncture. In fact, there are really two types of acupuncture, one that is traditional and one that is anatomical. Traditional Chinese medicine is the one based on the five principles—Taoism, Buddhism. What should be regulated and who should regulate it? That's my question.

Dr. Wu: Would you clarify your question, please? I'm a little bit lost.

Mr. O'Toole: I did speak rather circuitously, though not deliberately.

Interjections.

Mr. O'Toole: I guess to simplify, should there be one college? The College of Physicians and Surgeons of Ontario has a branch under it dealing with other groups,

like TCM and acupuncture, and it calls in specialists who can regulate public safety. Mr. Fonseca might want to answer that question too, because he's next to the minister.

Dr. Dong: At the beginning of the regulation, many said that it was not there. But we have to take the best steps. It takes time, and it will slowly, slowly get better. If we don't regulate, if we don't take the first step, we won't take the second step. We won't have anything.

The Chair: I'd offer the floor now to the third party.

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Ms. Martel: Thank you for your presentation. Should those TCM practitioners with the "doctor" title have access to controlled acts? And which ones?

Dr. Dong: Who gets the "doctor" title and what kinds of rights can they have?

Ms. Martel: Right.

Dr. Dong: Good question. They can make a Chinese medicine diagnosis and use other kinds of practice, like tuina and qigong.

Ms. Martel: What about prescribing a drug, compounding a drug?

Dr. Dong: Chinese herbal drugs, of course.

Ms. Martel: So you would suggest to us that we should give doctors some controlled acts, right? In the legislation now, you get the "doctor" title and you don't get access to any controlled acts.

Dr. Dong: You mean, giving a prescription for herbs?

Ms. Martel: Yes.

Dr. Dong: Yes, of course. We have to have that.

Ms. Martel: So we need to make some changes, because with the legislation right now, even if you get the "doctor" title, you still can't make a TCM diagnosis. You still cannot prescribe herbs. I don't think this makes much sense.

Dr. Dong: It's for Chinese herbs. There's a difference.

Ms. Martel: Yes, I agree.

Dr. Dong: They are not drugs. There's a difference.

Ms. Martel: I understand that, and we should give you that right. If you're a doctor, we should give you the right to prescribe—

Dr. Dong: Actually, right now many people do it. Many Chinese medicine practitioners do it.

Ms. Martel: They probably shouldn't be, though.

The Chair: Thank you, Mr. Dong, for your deputation.

ZHAO CHENG

The Chair: I now invite our next presenter to come forward, Zhao Cheng. Mr. Cheng, please be seated and begin your deputation now.

Mr. Zhao Cheng: Good afternoon, Chair and honourable MPPs. On behalf of a majority of the members of the Canadian Society of Chinese Medicine and Acupuncture, I would like to take this opportunity to re-emphasize that we are in agreement with the regulation of TCM/acupuncture as an independent health care profession. Canadian Society of Chinese Medicine mem-

bers will always give their full support to this legislative movement governing TCM practices.

In addition, our association stands firm on the following three principles:

(1) Acupuncture is an imperative and inseparable part of traditional Chinese medicine. All who intend to practise acupuncture must go through a single standardized qualification process. The bill must clearly outline who is authorized to perform acupuncture and what qualification must be met in order to perform acupuncture. To provide a fair ground, there must be only one standardized set of criteria for anyone who intends to enter this profession or the initial intention in the effort to protect public safety will be in vain.

(2) In like manner of our predecessors in British Columbia, Singapore and Hong Kong, we too should follow a grandparenting principle. This principle ensures that all existing practitioners who have enough work experience and suitable educational background will be issued a licence. The bill should clearly state that grandparenting will be granted during the initial stage of the licensing process in order to ensure the rights of experienced, qualified practitioners.

(3) To respect the origin and history of traditional Chinese medicine, in the bill it should clearly state that licensing exams will be available in the Chinese language.

We sincerely hope this piece of legislation may become more and more well-rounded as it completes the legislative process in a smooth manner.

My name is Zhao Cheng, vice-president of the Canadian Society of Chinese Medicine and Acupuncture.

The Chair: Thank you, Mr. Cheng. We have a generous amount of time; about two minutes per side, beginning with the official opposition.

Mr. Arnott: Thank you very much for your presentation, sir. You have suggested that, as in jurisdictions like British Columbia, Singapore and Hong Kong, there should be a grandparenting principle. In other words, those who are currently practising would be grandfathered.

Mr. Cheng: Yes.

Mr. Arnott: Does that not, to some degree, contradict the whole fundamental basis for the legislation, which is that there is a need for regulation in traditional Chinese medicine? That's certainly the purpose of the bill.

Mr. Cheng: Yes. I would clearly support this principle. It's very important. A lot of acupuncturists are qualified practitioners. Now it's not clear. Maybe future regulation documents need to clarify that.

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The Chair: Ms. Martel.

Ms. Martel: Thank you for your presentation. I want to ask you about point number (1). You say that we need one standardized set of criteria or the intention to protect public safety will be in vain. Can you explain more why you feel that way?

Mr. Cheng: Yes. Actually, maybe regulation to protect public safety is possible, so Ontario needs regulation

of TCM and acupuncture. But professionals still need—it's clear that some people need some limited time to study acupuncture and Chinese medicine, say, 200 hours or 400 hours. I think it might be better after the TCM college is set up.

Ms. Martel: The college should set that up, should set that standard?

Mr. Cheng: Yes.

The Chair: To the government side.

Mr. Kular: Thank you for presenting. I'm a physician registered with the College of Physicians and Surgeons of Ontario. In a similar way, Bill 50 is going to set up a college which is going to set standards for traditional Chinese medicine as well as acupuncture. In our medicine, the western type of medicine, when we say, "prescribe drugs," we have authorization to prescribe antibiotics or blood thinners. In this bill, in sections 5, 14, 15 and 16, there are amendments which will help or permit the TCM practitioner to give some natural herbal products. What's your opinion on that?

Mr. Cheng: I think that the TCM practitioner needs to know how to use the natural products, because herbal medicine is actually natural herbs. The market has so many natural products that might be used for TCM or Chinese medicine. It's the same with tuina massage, tuina therapy, which is used by TCM practitioners. I think the future TCM college needs to make it clear what TCM can do. I believe the government can clear it up in the future.

The Chair: Thank you, Dr. Kular, and thank you as well, Mr. Cheng, for your deputation and your presence on behalf of the Canadian Society of Chinese Medicine and Acupuncture.

CANADIAN EXAMINING BOARD OF HEALTH CARE PRACTITIONERS

The Chair: I will now invite Mr. William Wine, spokesperson of the Canadian Examining Board of Health Care Practitioners.

Mr. Wine, as you've seen the protocol, there are 10 minutes in which to make your deputation. I invite you to be seated and begin now.

Mr. William Wine: My input here today is organized under three argument headings. The first heading is a forum for consultation with the community. It was highlighted on September 27 that inadequate community consultation was still an issue. Elizabeth Witmer, who is here today, did an admirable job of entering this issue into the record. The committee today is an excellent step in reconciling all these inputs and drafting a coherent bill that takes into account the input from all these parties. Apparently, some 3,500 people claimed that they had not been consulted, although the government claimed that they had.

Heading B: "Risk of Harm," otherwise known as protection of the public. As presently worded, the proposed legislation would open a floodgate of risk of harm, as it

allows practitioners who would be licensed under the proposed act, as it is presently drafted, to perform:

(a) the controlled act of diagnosis without having received adequate allopathic medical education to do so, as well as allowing them to perform the controlled act of prescribing, suggesting and dispensing medication without having adequate education in prescribing and allopathic medicine and toxicology to screen for adverse drug reactions. As well, there is the issue of adverse drug interaction effects between TCM medications and concurrent allopathic medications. This risk is considerable and includes possible death. The risk of harm under this heading is twofold: It would also include being denied access by a patient to the standard therapy as a result of being given an inadequate or inaccurate diagnosis and relying on this diagnosis to their detriment. This is a detrimental-reliance argument.

Item (b) under “Risk of Harm” is the controlled act of prescribing. The family of errors here is an error of commission. TCM remedies sometimes are illegible, unspecified, and the ingredients are not written in English. Technically, Health Canada should be regulating this, but I think it does come within the purview of this committee to address the risk of harm in terms of product labelling.

Secondly, when the drug being prescribed does in fact have a quantifiable and known active “ingredient”—i.e. it is not a placebo—the ingredients are often contraindicated with allopathic medications which they may be taking concurrently, or the medications may be adverse to their condition.

As drafted, the bill would allow TCM practitioners to perform the controlled act of prescribing, recommending, suggesting and dispensing medications without having adequate education in pharmacology, toxicology or allopathic medicine to be able to screen for or deal with either adverse drug reactions, known colloquially as ADR, or adverse drug interaction effects, known colloquially as ADI. Often, Chinese herbs are sold with no English or French indications or list of ingredients on them, and frequently the labelling is in Chinese. This is contrary to the Food and Drug Act.

Recently, a colleague of mine, Bruce Pomeranz, a leading acupuncture researcher at the U of T, published an article in JAMA, the Journal of the American Medical Association, citing deaths from ADR and ADI as the third-leading cause of death in North America, behind heart disease and cancer. This is a real and massive and quantifiable epidemiological risk that would be increased, not decreased, by the proposed legislation as it is presently drafted. I’m in favour of regulation, but I’m in favour of the correct regulation.

Item (c) under “Risk of Harm”: controlled act of inserting a needle beneath the dermis. This is the current wording of the RHPA. The issue is dealt with admirably by the CPSO in its manual on guidelines for infectious disease control and has been adopted by the medical officers of health for both Ontario and Toronto. Shockingly, the number of acupuncturists who have been prosecuted or litigated for using recycled needles has actu-

ally gone up since the SARS epidemic and the bird flu epidemic warnings. There is no clear indication in its wording that the proposed legislation would adhere to the CPSO infectious disease control guidelines or include training in infectious disease, sterile procedure, or the basic pertinent sciences.

Of course—perhaps it goes without saying—the other risk of harm from inserting a needle comes from using the wrong needle and/or the wrong technique and/or the wrong point of insertion and/or insufficient training in emergency medicine to deal with a possible sequela of an acupuncture treatment—i.e. to revive a patient who is not breathing. Epidemiologically, there would appear to be an underreporting of adverse acupuncture sequelae, including death, in Ontario compared with the United States per 100,000 members of the population.

To cite one procedure, for example, there have been quite a few cases of severe sequelae, including death, from pneumothorax—that’s a condition where the pleura are punctured and air enters—after treatment using needles at a point called REN 17, which is in the thorax. This has been reported in the US research and medical literature and in the press during the last five years.

There is no clear wording, for example, in the proposed legislation for mandatory reporting of adverse events—I’ll repeat it: mandatory reporting of adverse events—or precautions or training to avoid them, written in the language of western scientific medicine.

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(d) under “Risk of Harm: Protection of the Public,” and I give credit to the NDP health critic, who is also here today: A step in the right direction here would be to incorporate the WHO standards—I don’t have them in my hand to wave, as you did, but you can wave them—as a minimal level of compliance in the regulation and to have this committee write the regulations and include the WHO standards as a minimum level of compliance in the regulations before it goes back to the House.

Heading C, Abrogation and Violation of Rights, including the rights of existing practitioners and regulators of TCM and acupuncture”: Several groups apparently are preparing a charter challenge to the proposed legislation. However, the issue, succinctly, is the issue of grandfathering of the current cohort of practitioners. Not only do we have the issue of an absence of minimum levels of compliance, we have an absence of grandfathering wording in the regs.

Grandfathering of the current cohort of practitioners who have been practising for more than five years, have had more than 2,000 hours of practice with an adequate safety record, have been regulated by a current regulatory body and have adequate malpractice insurance should be an automatic process, not in contradiction to (d) of subheading B above. This is different from the minimum requirements for compliance to be admitted into the licensure, if the licensure should be admitted into law.

The grandfathering issue also applies to the current regulatory groups—I have no idea how many there actually are, but I think Elizabeth had an estimate—who

would also have issues as to their ability to continue to give people a title.

The two current naturopathic regulatory bodies also regulate acupuncturists by default. One is the Board of Directors of Drugless Therapy and the other is the American Naturopathic Medical Certification and Accreditation Board. Acupuncture and traditional Chinese medicine have been included in the scope of naturopathic education, practice and regulation for over 60 years. The grandfathering of all the current regulatory bodies who are not currently colleges in the—

The Chair: Mr. Wine, with regret, I have to inform you that your time is now expired. I would like to thank you for your presence and your deputation today.

ONTARIO PHYSIOTHERAPY ASSOCIATION

The Chair: I would now invite our next presenter, Mr. Douglas Freer, physiotherapist, of the Ontario Physiotherapy Association. Mr. Freer, I invite you to please step forward and be seated. As you've seen, you have 10 minutes in which to make your full deputation. Please begin now.

Mr. Douglas Freer: Good evening. Thank you for taking the time to allow me to present my views on Bill 50, the proposed legislation that would deal with licensing traditional Chinese medicine and acupuncture in the province of Ontario. I personally believe this is long overdue.

I am Douglas Freer. I am a registered physiotherapist in the province of Ontario. I own and work in a private practice in Barrie and Collingwood. I have practised for over 30 years. I live in beautiful Collingwood. I am representing the Ontario Physiotherapy Association as well as my own interests as a physiotherapist.

Our professional association has 4,500 of the 6,000 licensed physiotherapists in the province as its members. On behalf of the Ontario Physiotherapy Association, I want to welcome the profession of traditional Chinese medicine and acupuncture to the family of health care professionals who are governed pursuant to the Regulated Health Professions Act.

The OPA and its members look forward to working with these professions in providing enhanced access to quality health care and developing consistent standards of practice where our scopes of practice overlap. The OPA fully supports the restriction of acupuncture to those practitioners who have demonstrated competence to perform it safely and effectively. We also fully support the approach in Bill 50 whereby the new College of Traditional Chinese Medicine Practitioners and other colleges may restrict their members to perform acupuncture.

The OPA was very concerned about some previous proposals whereby members of the proposed TCM college would be given exclusivity in the performance of acupuncture. We think that would unnecessarily restrict access to a treatment modality that many Ontarians find

beneficial. I think it was under the past Conservative government that the paper was released that suggested acupuncture be considered a modality.

My comments to this committee with respect to Bill 50 will focus primarily on the provisions in the bill that relate to physiotherapists being able to continue using acupuncture as a modality in the many modalities that they and I use in our everyday practices. I graduated with an honours degree in physiotherapy in 1973 at UWO, secondary to a previous honours degree from the University of Guelph in 1970. My degree in physiotherapy gave me extensive training in academic and clinical Western medicine to allow me to assess and treat the musculoskeletal conditions that I see each day in my practice.

Today's graduating physiotherapists are graduating with a master's in physiotherapy, which is a minimum of six years of university. I took my first course in acupuncture in 1975, which introduced me to the TCM approach to body, mind and spirit and the concept of energy channels. Up to the early 1980s, I was not allowed to use needles below the dermis, but used my traditional acupuncture training by applying ultrasound or lasers on the acupuncture points to get the results that would help my clients. I still have to use the laser at times on clients who are needle phobic. This acupuncture is mainly based on TCM diagnoses information.

In the early 1980s, the Acupuncture Foundation of Canada, AFC, started to allow physiotherapists to take their courses. The AFC was a medical organization that had been teaching physicians acupuncture since 1974. The organization was developed by a number of physicians in Ontario. The backbone and brainchild of this organization was Dr. Joseph Wong, who presently practises in Toronto as a physical medicine specialist. Joe was in private practice in Sudbury at the hospital for many years running a pain clinic, in MPP Shelley Martel's region. Joe developed a concept of anatomical acupuncture. Joe had graduated in Hong Kong in 1954 with his degree in medicine and acupuncture. When he came to Ontario, he knew that Western medicine was not ready yet for talk on energy channels and other aspects of TCM, but he also knew that acupuncture was a very valuable tool in treating many of the problems that his patients were demonstrating. The story goes that he spent some time in the cadaver labs at U of T and discovered that many of the acupuncture points that he used were on nerves, blood vessels or trigger points in muscles. Over time, he developed the anatomical acupuncture which is taught today by AFCE. It is recognition of this that the Chinese government gave Joe an honorary doctor's degree a few years ago.

My training in anatomical acupuncture allowed me to use this modality based on my extensive knowledge of anatomy, physiology etc. that I gained in my physiotherapy schooling. This approach led me to the use of the modality of acupuncture based on Western medicine assessment and treatment procedures that I had been taught. I always remember Joe talking about acupuncture

as the best physical therapy tool for treating inflammation, and after 33 years of practice, I believe him.

I passed my written and oral practical examinations in 1991 from AFCI. I have been a teacher for AFCI since 1992 and an examiner since 2001. I am the current president of the Ontario chapter of AFCI—since 1999.

AFCI has taught thousands of physiotherapists this technique since the early 1980s in Canada and has been asked to teach in Australia and New Zealand. I, like many of my cohorts, continue to take training in acupuncture yearly from AFCI. AFCI has developed, under the leadership of Dr. Sona Tahan from Beirut, a number of courses for training of their members in TCM diagnoses. This came from Sona's training and teaching in China. The website can explain all this.

The second acupuncture tool that I and a number of other physiotherapists in Ontario use is IMS. Dr. Chan Gunn from Vancouver developed intramuscular stimulation acupuncture. Dr. Gunn developed this type of acupuncture after working with WCB in the 1970s. He now teaches a course in Canada and 18 other countries. It is in recognition of this work that he has received the Order of British Columbia and the Order of Canada. This program has entry criteria which include the AFCI level 1 examinations, and there are examinations that must be passed before practise. In British Columbia, presently there are approximately 88 Gunn IMS physiotherapy practitioners, 94 in Alberta and 19 in Ontario. I have listed BC and Alberta as these two provinces currently have acupuncture legislation. Physiotherapists in Alberta practise acupuncture under three lists: the Dr. Gunn-trained people, the AFCI certification or the Steven Aung course at the University of Alberta in Edmonton. I have clients driving five hours, from as far as Elliot Lake, to get this modality from me in Barrie. The only other therapist using this modality was in Hearst, and she retired. The iSTOP website explains his techniques.

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Therefore, I would like to state that I believe that physiotherapists, with their Western education, have the background and knowledge to use the modality of acupuncture very effectively and safely. The college of physiotherapy, in their information-gathering a year ago, found that 1,500 of their 6,000 members were using acupuncture on a regular basis in their practice.

The second issue I would like to discuss is the suggestion by the TCM practitioners that physiotherapists are a risk to the public. The college of physiotherapy licenses me as a physiotherapist to practise in Ontario. The college of PT is one of 23 colleges that were set up in 1991 to legislate the professional practice of medical acupuncture in Ontario. The legislation was to protect the public. The Drugless Practitioners Act, which preceded the college, allowed physiotherapists to use acupuncture within their scope of practice. That has continued to date. When I spoke to the college registrar, Jan Robinson, last week, she informed me that since 1993 there have been less than five complaints against physiotherapists in their use of acupuncture. None of

these complaints went to discipline. I understand that most of the issues were regarding practice management and billing and not treatment.

The college of physiotherapy has a number of areas that one can be investigated under. These include standards of practice, professional conduct, practice management and billing, and sexual-abuse boundaries. In my use of acupuncture as a modality, I could be investigated under any of these categories. Included in this is a policy on infection control. Our college, I believe, has put in place many quality assurance measures and continues to add new measures into their program to make sure that I have and continue to maintain a level of competence in my practice of physiotherapy. Their on-site assessments are an added new tool to help assess a physiotherapist's level of competency. This type of quality assurance has applied to and continues to apply to all aspects of me and other physiotherapists who practise in the province of Ontario.

OPA has some concerns; one is regarding title and the protection of title, but I want to leave those at this time. We're producing a paper for Friday.

In closing, I believe: (1) acupuncture is a safe and extremely effective technique when practised as an adjunct by trained medical professionals who treat acute and chronic inflammation in the human body; (2) the university training of a physiotherapist is rigorous in both clinical and research skills and is based on evidence-based practice. The curriculum contains necessary background and biomedical knowledge with particular emphasis on adding the physiology necessary for training in acupuncture.

The World Health Organization, WHO, in its 1996 document recommends 200 hours of formal training in acupuncture for medical doctors when used as an adjunct. I did not find any specific hour recommendations for physiotherapists, who are "better trained in musculoskeletal dysfunction evaluation and treatment than most physicians." The AFCI training available exceeds this recommendation, with 300 hours of formal training for physiotherapists. Gunn also has equivalent hours.

I know that if I was not allowed to use the acupuncture tool in my practice daily in Ontario, I would have to leave this province.

The Chair: Thank you, Mr. Freer. I regret to inform you that the time has now expired, but I thank you for your presence and deputation on behalf of the Ontario Physiotherapy Association.

CHINESE MEDICINE AND ACUPUNCTURE INSTITUTE OF CANADA AND CHINA

The Chair: I invite our next presenter to please come forward, and that is Simon Leung, president of the Chinese Medicine Institute of Canada and China. Mr. Leung, as you've seen, you have 10 minutes in which to make your deputation. I invite you to begin now.

Dr. Simon Leung: Hi, ladies and gentlemen. Good afternoon. Today I am in support of Bill 50.

The regulation of the Chinese medicine and acupuncture profession has a lot of benefits, listed as follows.

First of all, the social aspect: The regulation of the profession can provide safety to the general public. With regulation, only those qualified persons can perform acupuncture and/or prescribe Chinese medicine to persons in need of the service. At present, any person can prescribe Chinese medicine or perform acupuncture. Under such situations, the general public is at great risk of wasting time, money and even endangering life.

The economic aspect: The regulation of the profession can help the government to save money too, since right now the waiting time to see a doctor or specialist, even in emergency, is very long. The government has to spend great amounts of money in improving the situation.

The regulation of the profession provides a very good alternative for the general public. It can solve part of this problem of long waits. As a matter of fact, Chinese medicine and acupuncture are a very good alternative treatment for many illnesses and chronic disease. Regulation can bring along money savings in all these areas.

In addition, more people will be attracted to this profession under training or doing related business, thus more employment can be created.

Professionally speaking, the regulation can bring forward high standards of TCM professions in the areas of training, research and development, facilities, quality, promotion, as well as international conferences and seminars. These are in fact very beneficial to all Canadians.

Medically speaking, regulation of the profession can bring forward positive co-operation as well as adoption of those western and Oriental medicines to heal sickness. This provides an even better health care system to all Canadians.

However, no legislation is perfect. It requires changes and also amendments according to the changing needs of society; so does the regulation of the Chinese medicine and acupuncture profession at this early stage. To solve the problem, I think the government should form a TCM college for the profession and designate authority and power to this college so that related bylaws and guidelines can be set up for the profession—at present or in the future, whenever it is necessary.

To conclude, on behalf of the Chinese Medicine and Acupuncture Association of Canada and China, I fervently support the regulation of the profession and sincerely express my deepest gratitude to the Ontario government, all Parliament members and the general public to have the bill passed. Thank you very much.

The Chair: Thank you, Mr. Leung. We'll begin with the NDP.

Ms. Martel: Thank you for your presentation. I would assume that you support what's in the current bill, which is that the college, through regulation, will set up the standards to be a doctor. Flowing from that, my question is, if you get the title of doctor, should you also have access to some of the controlled acts that other doctors have? Do you have a view on that, one way or the other?

Dr. Leung: I think the most important thing is that, as doctors, we have to prescribe something to our patients, yet we can't prescribe the Chinese medicine. It's no use at all. Then we can use our judgment. For TCM, we have our own way of diagnosis. We also appreciate co-operation with other doctors—family doctors or specialists. We know they have really good diagnoses, especially X-ray, ultrasound or others. We can co-operate together and use acupuncture or Chinese medicine. A lot of very tough sicknesses—for example lupus, MS or even endometriosis etc.—can have really good improvements. The Chinese medicine doctors can do something according to their profession.

Ms. Martel: So they should be given some access to either prescribing herbal medicines, communicating a TCM diagnosis, just to name two.

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Dr. Leung: Yes. And they also have professional knowledge. For example, a patient may really feel pain with arthritis or some sort of gas pain inside the stomach or intestines. They need some rest—

The Chair: Thank you, Ms. Martel, for that questioning. I invite now Mr. Ramal.

Mr. Leung, please be seated. We still have two more parties.

Mr. Ramal: Thank you for your presentation. I was listening to you when you were speaking so I know that you think this bill is a perfect bill and it doesn't need any change unless there is some kind of change in society. So what would you say to the people who presented before you? You probably heard them. They were saying this bill isn't enough, that it doesn't include all the professions in that area.

Dr. Leung: In my presentation I said that no legislation is perfect. That means I'm looking forward to having a very good TCM college. For example, with most of the issues we are discussing here today they can do okay. They can be discussed, they can be upgraded, amended etc. in this TCM college because they, by law and also guidelines, can be set up according to needs. The legislation right now, the way the regulation is set up, I don't think is suitable for 50 years later. They need changes every time. So I'm saying, why not? Okay, the principle has to be passed. Let it carry on and then have a very good TCM college to do the rest of the job, to improve and improve so that this profession will be aiming at perfection.

Mr. Ramal: So your recommendation is that this bill is a very good step, a positive step, toward right directions. And in the future, if we need some changes, we'll do so according to the change in society. Is this what you mean?

Dr. Leung: Yes.

The Chair: Mrs. Witmer.

Mrs. Witmer: Thank you very much for your presentation.

The Chair: Thank you, Mrs. Witmer. Thank you, Dr. Leung, for your deputation on behalf of the Chinese Medicine Institute of Canada and China.

AI ZHEN TATELMAN
PAK CHEONG CHOO
LAWRENCE HYSCHUK

The Chair: I would now invite our final presenters of the day, Ai Zhen Tatelman, Pak Cheong Choo and Lawrence Hyschuk. Please be seated. Once you're ready, we will begin. I invite you to begin your 10 minutes now, if you might just identify yourselves individually.

Ms. Ai Zhen Tatelman: I'm Ai Zhen Tatelman. I'm going to take four minutes of your time. Let me first go on record to say that we are in favour of regulation. Nobody is disputing that. However, we would like to make sure that we and this government take the time, the effort and the energy to make sure that this regulation goes through with all the right details.

I'm very grateful that the government of Ontario has seen fit to hold public consultation on Bill 50. This is especially important since the Minister of Health was apparently too busy or too forgetful to respond to the many faxes we have sent him by practitioners of TCM. If indeed the latter is the case, I'm sure that many qualified TCM practitioners here can give him the right treatment. On this score, I'd like to refer to the Hansard record of the second reading of Bill 50. The MPP representing Parkdale-High Park asked the Minister of Health why, in the drafting of Bill 50, he consulted with only some and not all of his constituents. I just want to go on record to emphasize that it is not for want of trying on our part.

In the interests of time, though, I ask you to refer to the last two pages of my handout. I'm only going to focus on one of the main amendments we are asking for for Bill 50. That amendment is that section 18 of Bill 50 should be excluded or, at the very least, significantly revised. My understanding is that this bill, Bill 50, is called the Traditional Chinese Medicine Act and that we should regulate the profession of TCM, which includes acupuncture, based on TCM. So am I correct to assume that TCM acupuncture is strictly under the domain of this new college and that it will set the professional standard for anyone wanting to practise acupuncture, treating a broad range of conditions from pain to many internal conditions, as a medical practice based on TCM?

Section 18 will allow all 23 regulated health professions, plus naturopaths, plus those who work in addiction facilities, to practise acupuncture. But am I correct to assume that they cannot practise acupuncture if it is based on TCM? Can they then only treat pain? Can they then only practise a type of acupuncture that is not based on TCM at all?

We have five recommendations for this government to take note of. We would like to see regulation, but we would like to see that it establishes one standard for all practitioners for this one profession, and that this new college of TCM, and no other colleges or regulatory bodies, determine that minimum standard.

In answer to, "What about those people practising now who are not actually doing acupuncture based on TCM," other health care practitioners who wish to do TCM

acupuncture can always go for dual registration or get associate membership. In fact, the College of Chiropractors of Ontario already has this provision in place, and the HPRAC has likewise recommended that the college of naturopaths do the same.

We would like to point out too that a procedure of inserting needles below the dermis that is not based on the theories and principles practised according to TCM should therefore be renamed for what it truly is. Call it intramuscular stimulation, call it anatomical needling, or any other kind of nomenclature that clearly distinguishes it from TCM-based acupuncture.

As Chinese herbs are an integral part of TCM, TCM practitioners must be authorized to prescribe, dispense, sell or compound those herbs, and no other health professions should be authorized to do that.

I now pass the mike to the other speakers.

Mr. Pak Cheong Choo: Honourable members, my name is P.C. Choo. I'm here to speak as a consumer of alternative health care; in particular, acupuncture. As a consumer, I want to thank the province for moving forward to regulate the alternative health care industry.

Health Minister George Smitherman has said that traditional Chinese medicine must be delivered by practitioners with a high level of competence. It is precisely for that reason that I cannot support Bill 50, because it would permit a variety of health care professionals such as pharmacists, radiologists, chiropractors, speech pathologists, physiotherapists and others who have no training in performing invasive procedures and no education or training in the diagnosis and treatment of pain to be allowed, by law, to practise acupuncture with their own individual styles and standards. This is unacceptable because their scopes of practice do not warrant the inclusion of acupuncture as part of their practice. As I wrote in a letter to the editor of Vitality magazine, "Bill 50 allows anyone to stick needles into another person." But folks, to me, that is voodoo, not acupuncture.

If Bill 50 passes, it would effectively allow 26 different standards of education and training for the practice of acupuncture in Ontario. No other jurisdiction in the world has regulated acupuncture in that way. Why is Ontario choosing this option, at the expense of public safety, quality care and effectiveness? Acupuncture is recognized and regulated as a health profession in Quebec, Alberta and British Columbia, as well as 48 states in the US, in Europe, Australia and, of course, China. Unfortunately, if Bill 50 passes, acupuncture in Ontario will not have equal status with the rest of the world. As a consumer of alternative health care in general and acupuncture in particular, I am deeply concerned that the standard of care that I will receive in Ontario will not be on par with other jurisdictions in Canada and around the world. I therefore call on the minister to amend Bill 50 to take into consideration the many objections and criticisms and make acupuncture a true health care profession in Ontario.

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Mr. Lawrence Hyschuk: My name is Lawrence Hyschuk, and I'm also a consumer of alternative health

care for many years, acupuncture in particular. I am also a massage therapist by profession for 26 years. I have quite a lot of familiarity with acupuncture, both in terms of the theory and the understanding of what it is, and traditional Chinese medicine in general.

I want to raise a fundamental philosophical point: Traditional Chinese medicine is something which, really and truly, very few people here in the West know very much about at all. The attempt to regulate it has to deal with this basic fact: We really don't know what it is we're regulating. I would like to offer a suggestion that might be helpful in terms of understanding it.

I would suggest that traditional Chinese medicine is really like a foreign language: To those who have no familiarity with it, it's gibberish. It makes no sense. It raises all sorts of feelings of weirdness and notions that it's got to be something bogus or whatever because it's so foreign. To those for whom it's a native, understood thing, of course, there's a whole range of abilities and skills.

Not all traditional Chinese practitioners trained in China are equally skilled or equally knowledgeable, by any means. Those who learn it as foreigners, so to speak, inevitably have much less understanding of what it's really about. Like a foreign language, you can learn a few words. You can learn to ask for a cup of coffee or you can ask where the bathroom is and so on, but it doesn't begin to really fulfill the possibilities of what—this art of traditional Chinese medicine is probably the most extensively practised medicinal or healing art in the world, ever. I think maybe it's good to keep that in mind.

This is a huge, huge thing. It needs to be done in a way which gives the people who know the most about it, who have the most experience, the right and the responsibility to practise, to educate, to set standards. In other words, my concern is about the dilution of this system. If you learn a little bit about it, you might ask for coffee and wind up getting something else, to use the analogy of a language. A little bit of knowledge can be a dangerous thing. It's a very, very difficult thing to do well, to do it with safety. To do it with a basic understanding of what the principles of traditional Chinese medicine are is not an easy thing at all.

Yes, it's possible to use it to cure a cold or to deal with some pain. Those are minor uses or applications of traditional Chinese medicine. If those who want to practise in that style can be trained to do it safely, that's fine, but my fear would be that the whole system becomes diluted and that the people who wind up training at those lower levels may not be competent at all and may wind up passing on techniques and ideas which are really not sound.

This is a very, very complex and difficult thing, so the power to use it must be in the hands of people who have proven their understanding and who are the best that we have. That's my message.

The Chair: Thank you, Mr. Hyschuk, Mr. Choo and Ms. Tatelman for your deputation and your presence today.

If there's no further committee business, we stand adjourned till 10 a.m. in this room tomorrow morning.

The committee adjourned at 1805.

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Mr. Philip Kaye, research officer
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