

Brief on the Regulated Health Professions Act

June 2009
Manitoba Nurses' Union

The Manitoba Nurses' Union represents 11,000 nurses in all regions of Manitoba. Our nurses work in acute care, long term care and in the community. As an organization, our mission is to advocate for our patients and for nurses. Both of those roles bring me here this evening.

I am here to speak on the sections of the proposed legislation, which specifically deals with the naming or, as our union members refer to it, the shaming, of nurses struggling with addiction.

In April of this year, we held our annual meeting. More than 500 nurses attended this event. A resolution was passed calling upon the College of Registered Nurses of Manitoba to stop publishing the names of nurses in their magazine and on their website who were disciplined for drug abuse. The resolution was also amended to include the Colleges of Licensed Practical Nurses and the Psychiatric Nurses of Manitoba, although it is our understanding that the latter two have chosen not to publish names.

How Will Publicly Naming or Shaming Nurses Help Nurses or Patients?

In our research on the subject, we found no evidence that the public naming or shaming of nurses struggling with addiction would in any way protect patients or support the nurse named. In fact, all addictions specialists we spoke to said it would have the opposite effect. To be publicly shamed – or even the fear of being stigmatized, could cause a

setback in their recovery or discourage them from dealing with their addiction because they are in fear of being publicly exposed.

The resolution at our AGM was brought forward by nurses out of concern for a coworker. The individual was a recovering addict who had completed a Rehab program, and had stopped using drugs several years ago. She was practicing as a nurse, but abided by the restrictions imposed on her license. She was told by coworkers that her name had been published on the College website and in their magazine. She looked on the website and found that not only her name was published, where she worked, her history of drug abuse, that she attended meetings and was subject to random drug testing, was also included.

Luckily, this woman was able to maintain her sobriety in the face of this public humiliation. Had she been newly sober she could have easily relapsed.

In addition to the emotional turmoil on her and her family, she lost out on job opportunities and her reputation with coworkers was destroyed. Now being branded as an addict, she is automatically the first suspect of any infraction. Recently, some narcotics went missing in her workplace. Her colleagues automatically assumed it was her.

It later came to light that the drugs went missing when she wasn't working. No matter how much progress she makes she will carry this stigma for the rest of her life. We believe this does nothing to protect the public.

How is the Public Protected?

If a nurse is found to be suffering from an addiction to drugs or alcohol, there is a discipline process in place to deal with it. Employers may suspend the nurse and/or put restrictions on her or his license.

The nurse will be required to abide by restrictions including:

- A restriction on the number of hours she/he may work, a minimum of fourteen random drug tests, provide the College with copies of all medication prescriptions and attend a 12 Step Program twice a week. That is enough to protect the public.
- 99% of nurses in this province are employed in facilities or in the community and have RHA's or the government as their ultimate employer. They are subject to the rules and regulations of their employer.

It has come to our attention that a nurse who comes forward with an addiction problem and wants to remove her name from the nursing registry while she deals with her addiction is also subject to having her name published. The threat of losing your professional reputation for life would certainly be a strong deterrent for someone to come forward voluntarily. The problem is enough to deal with. Public humiliation and losing one's career is often too much.

British Columbia has dealt with this issue in its legislation. The publication of the nurses' name is prohibited when the person has admitted the addiction. That should be a precedent that the government of Manitoba should follow. I would suggest that a section be added to the bill stating that when a person admits that he or she suffers from an ailment, emotional disturbance, or addiction that impairs his or her ability to practice the regulated health care profession, the college, whether through the complaints investigation committee, or otherwise, must not publish the name of the investigated member, nor any personal health information about the investigated member, where it would be otherwise permitted in the Act.

Drug addiction is a serious illness that requires a supportive environment and treatment. Many people with this illness are afraid, isolated and broken when they start treatment. It is an extraordinarily difficult time for anyone. Even while working with a restricted license the nurse who is trying to regain her health is subject to a great deal of stress in a very demanding profession. The daily stress of nursing

combined with battling drug addiction can be overwhelming. The nurse requires monitoring and support to return to life as a fully functioning care giver. Support is the key. We believe that publishing the name of the nurse as she struggles to regain her health is a terrible way to show support. It is kicking someone when they are down.

Our union believes that publication of the names of nurses with the illness of drug addiction also brings up privacy issues. In Manitoba, we have put in stringent safeguards to protect people under our Personal Health Information Act who are deemed ill. We believe that nurses should be extended the same right to privacy as they deal with their health issues.

Publishing the names of nurses is, in our opinion, a violation of the Human Rights Code. The Code states that a person cannot be treated differently as a result of an illness or a disability. Addiction is an illness and nurses should not be treated any differently.

In researching this issue we found that other provinces such as Ontario are cautious about printing the names of nurses or other health care professionals. The Ontario Nurses' Association was successful in getting amendments to their Health Professions Act which made it more difficult to publish nurse's names. The evidence of “public interest” must be compelling – more so than in the legislation that is now being proposed in Manitoba.

Recently, I opened an issue of my college magazine and read about a nurse who was disciplined for professional misconduct as a result of drug addiction. Her name was printed in large type at the top of the article.

Unfortunately, in smaller type at the end of the article was a note that this was not the nurse by the same name who worked at large hospital in Winnipeg. I wonder how many people made it to the disclaimer. So now two nurses will have to carry the stigma of addiction.

Interestingly, the nurse who had been disciplined had not worked for several years.

The Colleges of Nursing have the responsibility to protect the public. We understand that. We are well aware of that role. We believe that potential employers and the public have the right to professional, safe quality care. All nurses in Manitoba are registered with their licensing bodies. Anyone is able to contact the colleges to ascertain the status of any nurse on the registry. That in combination with the discipline process, we believe safeguards the public.

As the representative of over 90% of nurses in this province, we ask the government to take another look at this legislation and ensure that the rights of all individuals are protected.

We believe that all of our members are devoted to their patients and want the very best for them. We also want the right for our members to deal with their illness in private, with dignity and with support. Any Manitoban deserves that much.