HALCO news

HIV & AIDS Legal Clinic Ontario

- HALCO provides free legal services to people living with HIV in Ontario -

HALCO news Winter 2013/2014:

HALCO Annual General Meeting 2013

Our 2013 annual general meeting took place on September 23, 2013, and we were delighted to welcome guest speaker **Paul Lewin** who spoke about reforming Canada's marijuana laws. Paul is the Ontario Regional Director for NORML Canada and a criminal lawyer with a focus on cannabis offences.

We welcomed **Laura Bisaillon** and **Gregory Simmons** who were elected to HALCO's volunteer board of directors. HALCO board members **Michael Capp**, **Eric Cashmore**, **John McCallum**, and **Eric Mykhalovskiy** were re-elected (complete Board list is on page 19).

Mark Blans was acknowledged for his innumerable contributions to the HALCO board. Having been with the board since 1998, Mark has been, at one time or another, on every committee and has held every position, most recently secretary/treasurer. As he steps back a bit for personal reasons, we are delighted that Mark continues to be involved as a HALCO board committee member. For more about Mark, please visit our website:
www.halco.org/2013/news/halco-board-member-mark-blans-is-retiring-sort-of.

HALCO Kreppner Awards

Also at our annual general meeting, we were delighted to present our **2013 Kreppner Awards** to **Cynthia Fromstein** and **Jonathan Shime**. The awards honour the late **James Kreppner** by recognizing unparalleled achievement in advocating on behalf of or bettering the lives of people living with HIV or co-infected with HIV and Hepatitis C.

James was an original member of HALCO's board and continued serving until his death in 2009. James was a local, national and international leader who fought hard for justice and the well-being of people living with haemophilia, HIV and Hepatitis C. For more about James, please see our ***HALCO news Fall 2009*** newsletter.

Both Cynthia and Jonathan are highly respected criminal defence lawyers. Cynthia, a sole practitioner, has been a true friend and supporter of HALCO and the HIV community for many years. Jonathan, a partner at Cooper, Sandler, Shime & Bergman LLP, is also highly dedicated to the HIV community. He became involved with HALCO when, as he describes it, someone named Ryan (HALCO's executive director) called him over four years ago to ask for 15 minutes of free legal advice…

James would have been very proud of this year's Kreppner Award recipients. Just as James did, Cynthia and Jonathan work tirelessly for fairness and justice.

For more information about Cynthia and Jonathan, please visit our website:
www.halco.org/2013/news/2013-halco-kreppner-awards-recipients-cynthia-fromstein-and-jonathan-shime.

HALCO Annual Report 2012/2013

Our **Annual Report 2012-2013** was presented to our membership at our annual general meeting. It provides highlights of our work, as well as our financial report. Our annual reports are available on the **About Us** section of our website (**www.halco.org/about**) and in print (please contact us if you would like a print copy).

2013 was a very busy and exciting time at HALCO.

Here are some highlights:

- The Supreme Court of Canada released its decisions in two cases in which we intervened (and we were very pleased with the decisions!):

  - the *Rasouli* "consent to treatment" case in October 2013 (see page 12).

  - the *Bedford* "sex work" case in December 2013 (see page 7).

- HALCO staff responded to more than 4,000 inquiries/requests for service.
- HALCO staff conducted more than 100 workshops throughout the province on a variety of legal topics. For more information about our public legal education workshops, please see page 18.
- The eighth and ninth in our ever-popular in-house free public legal education workshop series took place in February/March and November/December. We are planning our next series for Spring 2014.
- Our fifth annual fundraising bowl-a-thon raised $15,000! (Please see page 4 for more information.)

New and revised publications:

(For more information and links to these publications, please see page 17)

- ***I owe money*** / ***Je dois de l'argent*** guide
- ***HIV disclosure: a legal guide for gay men in Canada / Dévoilement du VIH : guide d'information sur le droit pour les hommes gais au Canada***
- ***HIV testing in Ontario / Dépistage du VIH en Ontario*** pamphlet.

2014 promises to be at least as busy!

HALCO Fundraising News

HALCO's 5th Annual Bowl-a-thon a huge success!

On Saturday, November 2, 2013, our fifth annual fundraising bowl-a-thon raised $15,000! Thanks to all who raised funds, sponsored our bowlers, shopped at our silent auction, and bowled the night away!

Congratulations to **Jesse Kalyshov** who received the individual award for raising the most funds and to **Lane's Addiction**, the team that raised the most funds. The annual Spirit Award was awarded to **Immigration Rock Stars** for their outstanding hair and spirit.

Special thanks to the following individuals and businesses for being lane sponsors:

Art of Food Catering & Event Creation
"Barbra & Me" Cabaret
Contract Testing Inc.
J Furniture
J Kaly Productions
Jill McNall & Jeff David
Pegasus
Senay Johnson Marketing Group
Young Drivers of Canada Ltd.

And additional special thanks to the following individuals and businesses for their generous support of our bowl-a-thon silent auction:

Back in Balance Chiropractic
The Beguiling
The Big Carrot
Blue Banana
Paul Brown Box Fit
Carlton Cinema – Magic Lantern Theatres
Churchmouse & Firkin
Come As You Are
Davids Tea
FUEL+
George Stromboulopoulos Tonight
HBC
Ladybug Florist
Passage Tattoo
Rick Mercer Report
Sauvignon Bistro
Starbucks
Timothy's
Toronto Maple Leafs
Toronto Symphony Orchestra
Wine Rack (Wellesley Street)

Thanks too to Raj and his team at Bathurst Bowlerama!

HALCO Fundraising News continues on page 5

HALCO Fundraising News - continued from page 4

HALCO thanks all of our funders and supporters

Core Funders:

- Legal Aid Ontario
- AIDS Bureau of the Ministry of Health and Long-Term Care

Funding Partners:

Visionary: - M·A·C AIDS Fund

Leader: - ViiV Healthcare Shire Canada

Individuals:

To all those who support us in so many ways: without you, we would not be able to do the work that we do!

HALCO welcomes donations!

HALCO is a registered charity and welcomes donations (tax receipts are issued for donations of $20.00 or more). There is much demand for our services. You can help us meet this ever-increasing need by making a donation.

You can make a one-time donation or consider joining our **Monthly Giving Program**. Monthly giving provides us with a steady and dependable base of support. For as little as $10, $20 or $25 per month, you can make a huge difference! You choose the amount. Your generosity will support the work we do throughout the year.

If you would like to support our work by making a donation or becoming a monthly donor, please contact **Bill Merryweather** by telephone at 416-340-7790 or toll free 1-888-705-8889, extension 42, or by e-mail **merryww@lao.on.ca.**

You can also make a donation at any time by clicking on the **DONATE** button on our website **www.halco.org**.

HALCO

HIV & AIDS Legal Clinic Ontario

Ontario Drug Benefit Privacy Concerns

As we reported in our December 2010 information sheet and in our spring 2011 newsletter, the prescription claim history of Ontario Drug Benefit (ODB) recipients is shared with certain health care providers.

At first, ODB prescription histories were only shared with hospital emergency departments. Then access was expanded to other hospital services including clinics, units, wards, and pharmacies. Now, the histories are being shared with other health care providers, including some community health centres.

The ODB Program provides drug coverage to the following Ontario residents who have valid Ontario Health Cards:

- Ontario Works or Ontario Disability Support Program recipients
- Trillium Drug Program registrants
- people 65 years of age and older
- residents of long-term care homes
- residents of Homes for Special Care, and
- people receiving professional services under the Home Care program.

You can stop your ODB prescription drug claim history from being shared by restricting access to ALL or PART of your claim history.

Information about your prescription medications may or may not be important for treatment decisions. As a result, we suggest that you talk to a health care professional you trust about restricting access to all or part of your prescription claim history.

To restrict access to all or part of your ODB prescription drug claim history, you must complete and submit a form. The forms can be found on the Ontario government website:
www.health.gov.on.ca/en/public/programs/drugs/drughistory.aspx .

If you are living with HIV in Ontario and have questions, please contact us for free legal advice (see back page for HALCO contact information).

Supreme Court of Canada Strikes Down Sex Work Laws

On December 20, 2013, the Supreme Court released its decision to strike down three key provisions of Canada's prostitution laws.

In previous newsletters, we reported that HALCO, the Canadian HIV/AIDS Legal Network, and the British Columbia Centre for Excellence in HIV/AIDS had been granted intervener status in the landmark *Canada v Bedford* case before the Supreme Court of Canada. The Supreme Court heard the case in a one-day hearing in June 2013.

We applaud the landmark decision of the Supreme Court which upholds sex workers' health and human rights by acknowledging the ways in which criminalization contributes to unsafe working conditions for sex workers.

While sex work itself is not illegal in Canada, provisions in Canada's *Criminal Code* that prohibit communicating in public for the purpose of prostitution, keeping or being in a bawdy house, and living on the avails of another's prostitution (e.g., security guard, accountant) make it all but impossible to engage in sex work without risk of prosecution. These provisions have now been struck down as unconstitutional but remain in effect for one year to give the federal government time to decide whether to make new laws or not.

There is already debate on how the federal government should deal with this decision. Some suggest the "Nordic model" in which the law criminalizes the purchasers of sex not sex workers. In our opinion, the Nordic model is not appropriate. In other jurisdictions the Nordic model has been shown to cause the same health and safety problems for sex workers as the laws that the Supreme Court found unconstitutional. You can find more information about the decision on our website:

www.halco.org/2013/news/supreme-court-of-canada-decision-strikes-down-unjust-sex-work-laws.

Medical Marijuana Updates

New *Marihuana for Medical Purposes Regulations*

In our ***HALCO news Spring 2013*** newsletter, we reported that the federal government was proposing to change the process for accessing medical marijuana (the government, in their legislation, spells it as marihuana).

The old system was governed by the *Marihuana Medical Access Regulations* (MMAR). The new system is called the *Marihuana for Medical Purposes Regulations* (MMPR). The new MMPR came into effect in June 2013 but some of the old MMAR provisions are still law until March 31, 2014.

Under the new regulations:

- You must get your doctor or other authorized medical practitioner to complete a "medical document" that is similar to a prescription.
- Once you have your medical document, you have to register with a "licensed producer" and buy your medical marijuana from the producer. This is the only way to obtain medical marijuana.
- Your licensed producer will send your marijuana by mail to you, or you can ask to have it sent to your physician. There are strict requirements for mailing and labeling.
- Producers may only send dried marijuana (for example, you cannot receive cookies).
- The most medical marijuana you will be allowed to possess at one time is 150 grams, and it is also the most that can be shipped to you at one time.
- You must dispose of any marijuana/cannabis, plants or seeds that you have from the old MMAR before March 31, 2014. You can either destroy these items, or give or sell them to a licensed producer (you need Health Canada approval to give or sell the items to a licensed producer).

You can find general information on the Health Canada website:
www.hc-sc.gc.ca/dhp-mps/marihuana/index-eng.php.

The changes do not address the problems faced by many people living with HIV or other health conditions. Many doctors in the past have refused to provide a medical document and the new rules do not provide any solution. The changes will also make medical marijuana more difficult to afford because:

- you will not be allowed to grow your own medical marijuana,
- you will have to buy your medical marijuana from a licensed producer, and
- there are no rules about how much the "licensed producers" can charge.

Medical Marijuana Updates continue on page 9

Medical Marijuana Updates - continued from page 8

As with the old system, the new system does not recognize or authorize "compassion clubs," even though these clubs have been shown to have multiple benefits, such as providing a space where medical marijuana users can offer each other support and information.

A lawsuit has been launched in B.C. to challenge the affordability of medical marijuana. The lawsuit also challenges other restrictions like the requirement that only dried marijuana be supplied and the restriction that no producer can grow outdoors or in a residential dwelling. If this lawsuit is successful, there will be a declaration that the new medical marijuana regime is unconstitutional. Such a declaration would affect every person entitled to medical marijuana. You do not need to register with the law firm handling the litigation. The lawsuit includes a request for an interim injunction to prevent the new medical marijuana regime from taking full effect on March 31, 2014. The Federal Court will likely hear the injunction motion around the end of February, 2014. For more information, or to keep updated, you can visit the law firm's website: **http://johnconroy.com/MMARlitigation.htm**.

Privacy Breach for Medical Marijuana Program Participants

In November 2013, Health Canada sent a mass mailing to medical marijuana recipients in envelopes that identified the recipients as participants in the *Medical Marihuana Access Program*. The mailing went out to approximately 40,000 people. A law firm in British Columbia has filed an application to start a class action on behalf of these recipients, seeking damages for breach of privacy. If the court allows this class action to proceed, all recipients of the mailing will automatically be part of the law suit (unless you notify the law firm that you do not want to be part of the class action). It is not necessary to register with the law firm to be part of the class action. However, people who register will receive updates from the law firm. To find out how to register or for more information, you can visit the law firm's website: **www.branchmacmaster.com/medical-marihuana/.**

Getting Legal Help

If you are living with HIV in Ontario, please contact us for free legal information and advice. Please see back page for HALCO contact information.

Immigration/Refugee Law Updates

New Ontario Temporary Health Program

On January 1, 2014, the Ontario government started to pay for most of the health services for refugee claimants and refused refugee claimants that had been cut from the Interim Federal Health Program ("IFH Program") in June 2012.

The Ontario Temporary Health Program (OTHP) started on January 1, 2014, and includes:

- all necessary prescription drugs (if you cannot afford them), and
- most hospital, primary, specialist, laboratory, and diagnostic services provided in Ontario.

You are eligible for OTHP if you have valid IFH Program coverage and you are:

- a refugee claimant waiting for your refugee hearing, or
- a refused refugee claimant and you are still legally in Canada.

Your country of origin does not affect the OTHP. You must have valid IFH coverage to be eligible for the OTHP so you must continue to renew your IFH. Your doctor or health care provider is responsible for billing the Ontario Temporary Health Program.

Refugee claimants and refused refugee claimants who lost health coverage when the IFH was cut in June 2012 will now get most of those health services through the OTHP.

New refugee claimants are eligible for the OTHP after they have been living in Ontario for three months (after making their refugee claim). The three month waiting period does not apply to children under 18 years of age, pregnant women, and people with an urgent or essential medical condition that requires treatment.

If you are living with HIV in Ontario and have questions, please contact HALCO for free legal information and advice (see back page).

Immigration Law Updates continue on page 11

Immigration Law Public Legal Education Workshops

HALCO staff conduct public legal education workshops to explain the recent changes to refugee and immigration laws (and many other topics too) - please see page 18 for more information.

HIV/AIDS and Canadian Immigration Law info sheets

Our new **HIV/AIDS and Canadian Immigration Law** info sheets are being finalized and will be posted to our website soon.

Sponsorship of Parents and Grandparents

As of January 2, 2014, Canadian citizens and permanent residents may once again apply to sponsor their parents or grandparents to immigrate to Canada. The parents and grandparents program had been suspended in November 2011.

There are important changes to the program. Some of the changes include:

- the Minimum Necessary Income a sponsor must earn in order to be eligible to sponsor parents or grandparents has increased by 30%,
- the sponsor must have earned the Minimum Necessary Income for three years before submitting the sponsorship application,
- sponsors are responsible for their parents' or grandparents' basic needs after they arrive in Canada for 20 years (it used to be 10 years), and
- Immigration Canada will only accept 5,000 applications to sponsor parents and grandparents in 2014.

If you live in Ontario and you or your parents/grandparents are living with HIV, and you have questions about sponsorship, please contact HALCO (see back page).

No Change to Maximum Age of Dependent Children

In our ***HALCO news Summer 2013*** newsletter, we reported that Immigration Canada had proposed changes to the maximum age of dependent children who can be sponsored to come to Canada or be included in their parents' permanent residence applications.

In December 2013, the government confirmed that it will **not** be making any changes to the maximum age of dependent children at this time. If changes do come into effect in the future, we will provide an update.

The definition of "dependent children" for Canada's immigration law includes your biological or legally adopted children who are:

- under age 22 at the time the application is made,
- over age 22 but dependent on you because of a disability, or
- over age 22 but dependent on you and who have been enrolled continuously in full-time school since turning age 22.

If you live in Ontario and have questions about bringing your children to Canada, and you or your children are living with HIV, please contact HALCO for free legal advice (see back page for HALCO contact information).

“Rasouli” Consent to Treatment Case - Supreme Court Decision

On October 18, 2013, the Supreme Court of Canada released its decision in the matter of *Brian Cuthbertson, et al. v. Hassan Rasouli* (“*Rasouli*”), which deals with consent to health care.

Summary

Ontario’s *Health Care Consent Act* (the “Act”) makes clear that, barring exceptional circumstances, health care professionals must obtain informed consent from patients or their substitute decision-makers before medical treatment can be provided or withdrawn. Ontario’s Consent and Capacity Board (the “Board”) deals with various disputes that may arise regarding consent and treatment.

In 2010, Mr. Hassan Rasouli fell into in a coma and was placed on life support. The physicians treating Mr. Rasouli believed that he would not recover and wanted to withdraw the life support. Since Mr. Rasouli was, and continues to be, unable to make his own health care decisions, his wife, Ms. Salasel, was, and continues to be, his substitute decision-maker. Ms. Salasel refused at all times to provide consent for the physicians to withdraw life support.

The physicians argue that the life support is of no medical benefit to Mr. Rasouli. They further argue that medical intervention that is of no benefit to a patient is not considered “treatment” under the Act, and therefore consent is not required to withdraw that medical intervention. Ms. Salasel disagrees and took the matter to court to stop the physicians from withdrawing life support from her husband.

The case went all the way to the Supreme Court of Canada. The Supreme Court found that consent is required for the withdrawal of life support. This case is very important as it denies physicians the ability to make unilateral decisions about patients’ health care treatment.

Background

Tragically, in 2010, Mr. Hassan Rasouli fell into a coma as a result of an infection following surgery. From 2010 to date, he has been kept alive by a mechanical ventilator and feeding tube at Sunnybrook Health Sciences Centre in Toronto. In January 2012, although not able to speak, Mr. Rasouli began to communicate with his family members – even giving the “thumbs up” signal. Ms. Salasel, Mr. Rasouli’s wife and substitute decision-maker, makes health care decisions for him when he is unable to do so.

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"Rasouli" - continued from page 12

In 2010, Mr. Rasouli's physicians determined that:

- he was in a "persistent vegetative state" (upgraded to minimally conscious in 2012),
- medical recovery was not possible, and
- ongoing mechanical intervention provided no medical benefit.

The physicians argued that as the life support is of no medical benefit, it is not considered "treatment" under the Act. If it is not considered treatment, the physicians argued, the Act does not apply, and therefore consent is not required to withdraw life support because it is only "treatment" that requires consent under the Act. The physicians agreed to postpone their plan to withdraw life support to permit Ms. Salasel to apply to have a court decide whether the physicians could withdraw life support without her consent.

Ms. Salasel took the matter to court and a judge determined that withdrawal of life support is in fact withdrawal of treatment, and therefore consent must be obtained from Ms. Salasel. The judge also found that if Ms. Salasel refused to provide consent for the withdrawal of life support, the physicians could access the dispute resolution process laid out in the Act – that is, to seek direction from the Board. In particular circumstances, the Board can overrule decisions of substitute decision-makers.

Ontario's Court of Appeal agreed that consent must be obtained, and the physicians appealed the decision to the Supreme Court of Canada. HALCO, in partnership with the Mental Health Legal Committee (MHLC), intervened at the Supreme Court.

Why did HALCO intervene in Rasouli?

At its heart, the *Rasouli* matter is about unilateral decision-making by physicians. The Supreme Court's decision has profound implications for all medical treatment, not only treatment at the end of life. HALCO and the MHLC firmly stand for the principle of "no treatment without consent." In no way should physicians be allowed to unilaterally make life and death decisions. Losing the ability to consent to treatment decisions has serious consequences that go to the core of autonomy interests, particularly for individuals who are in regular contact with the health care system and who face persistent stigma and accompanying discrimination.

Before explaining the arguments put forth by HALCO and MHLC, it is important to highlight the nature of HIV today as well as the societal attitudes toward people living with the illness.

"Rasouli" continues on page 14

"Rasouli" - continued from page 13

The nature of HIV today

There are over 70,000 people living with HIV in Canada, and there is very good news surrounding the treatment of HIV. For those with access to HIV treatment, the illness has transformed into a chronic manageable illness. People living with the illness can and do live long, happy, and productive lives.

And we know more about HIV transmission risks, and how to reduce them, than ever before. We know that it is very difficult to transmit HIV. And we know that transmission risks can be reduced to negligible levels when a condom is worn or when the virus is adequately suppressed.

Societal attitudes surrounding people with HIV

Unfortunately societal attitudes have not kept pace with the science of HIV. Thirty years after the first diagnosis of what later came to be called HIV/AIDS, there is consensus that social inequities continue to fuel the epidemic. People living with HIV and communities affected by HIV are still amongst the most marginalized populations in Canada. Historically marginalized communities, including gay men, people who use intravenous drugs, people in prison, African/Caribbean/Black populations, and First Nations peoples are disproportionately affected by HIV/AIDS. Stigma and consequent discrimination against people with HIV remain pervasive. A 2012 study about attitudes of people in Canada found that

- 16% of non-Aboriginal Canadians "feel afraid" people living with HIV (see below for Aboriginal data),
- 18% would be somewhat or very uncomfortable working in an office with someone living with the illness,
- 23% expressed discomfort shopping at a small neighbourhood grocery store owned by someone living with HIV/AIDS, and
- 35% would be somewhat or very uncomfortable if their child was attending a school where one of the students was known to be living with HIV.
  (Source: *HIV and AIDS in Canada: A National Survey Summary Report* (2012), **www.srchiv.ca/NationalSurvey/wp-content/uploads/2012/04/Attitudinal-Survey-Summary-Report_June15.pdf**).

And this is an improvement over 2006, when 49% felt uncomfortable using a restaurant drinking glass once used by a person living with HIV and 26% felt uncomfortable even wearing a sweater once worn by a person living with HIV/AIDS.
(Source: **www.collectionscanada.gc.ca/webarchives/20061222043200/phac-aspc.gc.ca/aids-sida/publication/por/2006/pdf/por06_e.pdf**).

"Rasouli" continues on page 15

"Rasouli" - continued from page 14

We await updated data for First Nations, Inuit and Métis populations, but data from 2006 in relation to attitudes amongst First Nations communities indicates that:

- 74% believe that people would be unwilling to tell others they have HIV,
- 21% agree that the names of people with HIV should be made public so that others can avoid them, and
- 60% off reserve and 53% on reserve believe that people are unwilling to be tested for HIV because of the stigma associated with the illness.
  (Source: EKOS Research Associates Inc., Aboriginal HIV/AIDS Attitudinal Tracking Survey 2006 [Report to Health Canada] **www.ekos.com/admin/articles/0356.pdf**)

These pervasive shameful prejudicial attitudes have a severe impact on the day-to-day lives of people with HIV. Attitudes influence behaviour, public policy, and law. Stigma leads to discrimination. And, unfortunately, stigmatizing attitudes toward people living with HIV persist in society and in the health care setting.

Although HIV is considered a chronic, manageable illness for those receiving HIV treatment, stigma can underlie assumptions about the quality of life of those living with the illness. Such value-laden assumptions can effectively undermine autonomy over health care decisions and the right of individuals to exercise control over decisions relating to medical treatment.

The way that many health care professionals initially treated people with HIV is well-known. Many people were shunned. Two more recent examples of stigma in health care settings are highlighted below.

For many years, people living with HIV were routinely denied access to liver transplantation, a standard treatment for irreversible end-stage liver disease. Before the advent of Highly Active Anti-Retroviral Therapy (HAART, introduced in 1996, fundamentally altered the nature of the illness), such procedures were contraindicated. However, after the advent of HAART the procedure continued to be contra-indicated, even though evidence of the efficacy and safety of the procedure has been clear for the last decade. The contra-indication was based on the potential recipient's HIV infection and on assumptions about the lack of benefit deriving from the procedure (in addition to unfounded fears about transmission risks from patient to health care provider). It is only in the past 2 years that liver transplants have been recognized as indicated and therefore available for people living with HIV in Ontario.

A further example can be found in relation to access to surgery to remove the build-up of fat deposits on the neck or upper back, which is a health issue for some people living with HIV. While the deposits can quite easily be removed, treatments available have been dismissed as cosmetic or "medically unnecessary."

"Rasouli" continues on page 16

"Rasouli" - continued from page 15

In the face of stigma and discriminatory treatment, the HIV community has always asserted the primacy of autonomy. The rallying cry from the outset of the epidemic was "Nothing about us without us." The HIV community has always held paramount the right of individuals to exercise control over their own medical treatment, the right to be fully informed of processes and procedures in which their interests are in any way involved, and the right to consent and withhold consent in all matters affecting them.

Which leads us directly back to the Supreme Court of Canada's decision regarding Mr. Rasouli. Losing the ability to consent to treatment decisions, which is what the case is all about, has serious consequences that go to the core of autonomy interests, particularly for individuals who face persistent stigma and accompanying discrimination, and who require regular contact with the health care system.

Our arguments as interveners in *Rasouli*

HALCO and MHLC raised serious concerns with physicians unilaterally appropriating authority to decide what constitutes treatment requiring consent. As the Act establishes a single regime for the making of health care decisions that applies in *all* settings, we raised concerns that narrowing the definition of "treatment" would erode the right to consent to treatment in the health care setting more broadly, not only in relation to end of life issues.

We argued that the legislation clearly indicates that consent is required for the withdrawal or withholding of treatment, and that the broad definition of treatment does not exclude treatment that a physician unilaterally decides is of no medical benefit. We also argued that the Act governs treatment decisions and provides for a process to address treatment decision issues, and taking such decisions outside of the scope of the Act would result in a denial of access to justice. It would require those who disagree with physicians to mount costly court proceedings to challenge the unilateral actions of physicians. It is clear that most people will not have the resources to bring court applications against well-funded institutional actors.

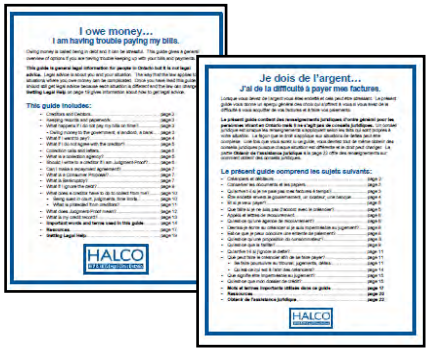
Supreme Court of Canada's *Rasouli* decision

The Supreme Court clearly stated that withdrawal of life support requires consent and that therefore the process under the Act must be followed. This decision denies physicians the ability to make unilateral decisions. This decision correctly places consent at the heart of the patient/physician relationship.

We applaud the Supreme Court of Canada's decision.

New and Revised Publications

New: *I owe money / Je dois de l'argent* guide



Our new consumer debt guide was launched in December 2013. The guide includes information about debt, collection agencies, bankruptcy, being sued in court, resources, getting legal help, and more. The guide is available on our website:

- I owe money / Je dois de l'argent :
www.halco.org/2013/news/new-resource-i-owe-money-je-dois-de-largent

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Updated: *HIV disclosure: a legal guide for gay men in Canada / Dévoilement du VIH : guide d'information sur le droit pour les hommes gais au Canada*

We worked with CATIE to update our HIV disclosure legal guide for gay men in Canada. The updated guide includes important new legal information about criminal law and HIV non-disclosure. The guide is available from CATIE in pdf and print:

- HIV disclosure: a legal guide for gay men in Canada:
http://orders.catie.ca/product_info.php?cPath=6_45&products_id=25399

- Dévoilement du VIH : guide d'information sur le droit pour les hommes gais au Canada:
http://orders.catie.ca/product_info.php?language=fr&cPath=6_45&products_id=25400

Updated: *HIV testing in Ontario / Dépistage du VIH en Ontario*

We worked with Community Legal Education Ontario (CLEO) to revise our ***HIV testing in Ontario / Dépistage du VIH en Ontario*** pamphlet. It is available from CLEO in pdf and in print:

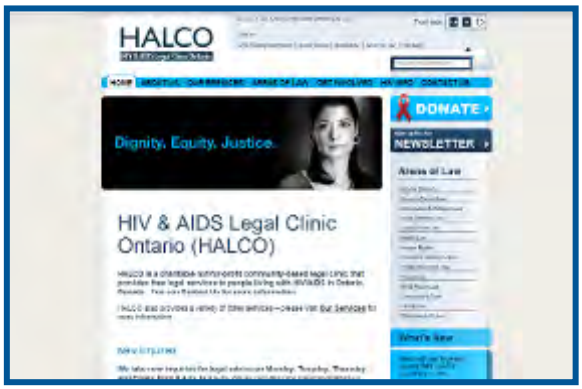
- HIV testing in Ontario:
www.cleo.on.ca/en/publications/hivtest
- Dépistage du VIH en Ontario:
www.cleo.on.ca/fr/publications/hivfrch

HALCO's website: www.halco.org

Our **What's New** website sidebar helps keep you up-to-date on current issues, announcements, events, and more.

Our **Areas of Law** pages include information about many different legal topics: **www.halco.org/areas-of-law**.

You can apply to become a member of HALCO or to renew your HALCO membership: **www.halco.org/getinvolved/membership.**



If you have any questions about our website, please contact us! Please see the back page of this newsletter for HALCO contact information.

HALCO's Public Legal Education Workshops

As always, our staff continue to provide legal education workshops for groups and organizations at events and conferences across Ontario. Several times a year, we hold a series of workshops in-house in our Boardroom and our next series is being planned for the spring of 2014.

Please contact us or visit the **Public Legal Education** section of our website for more information: **www.halco.org/our-services/public-legal-education**.

Our workshop legal topics include:

- **Criminalization of HIV Non-Disclosure**
- **HIV Legal Issues Overview**
- **HIV and Immigration Law**
- **HIV and Privacy Law**
- **HIV and Private Insurance**
- **HIV and Employment Law**
- **Medical Marijuana**
- **Planning for illness: legal information for people living with HIV in Ontario**
- **Powers of Attorney and Advance Care Planning**
- **Government Sources of Income for Individuals and Families**
- **Ontario Disability Support Program**
- **Disability Tax Credits and Registered Disability Savings Plans**
- **Ontario's Drug Benefit Programs**

Please contact us if you would like to request a workshop or our participation in an event (please see back page for HALCO contact information).

HALCO
HIV & AIDS Legal Clinic Ontario

People

HALCO Board of Directors

HALCO relies on its skilled and dedicated volunteer board members to oversee our governance and provide direction.

Our HALCO board members are:

- **Laura Bisaillon**
- **Michael Capp**
- **Eric Cashmore**
- **Tracy Gregory**
- **Peter Gross**
- **John McCallum**
- **Eric Mykhalovskiy**
- **Barbara Ncho**, and
- **Gregory Simmons.**

For more information about our board and board committees, please contact us or visit **Get Involved** on our website: **www.halco.org/get-involved.**

Welcome Meagan!

In August 2013, we were delighted to welcome **Meagan Johnston** as our new staff lawyer. In addition to providing intake for new legal inquiries, Meagan assists with immigration law matters. Her keen mind and ability to handle a variety of legal issues have made Meagan a key member of our staff team.

HALCO Students

We are extremely fortunate to have the assistance of enthusiastic and committed law students.

Javier Arvizu joined us in July 2013 as our articling student-at-law for 2013 – 2014. He has been doing tremendous work and we are grateful for his insight, and willingness to help with anything and everything!

HALCO Staff

- **Meagan Johnston** (staff lawyer)
- **Rick Lobodzinski** (admin. assistant)
- **Bill Merryweather** (director of admin.)
- **John Norquay** (staff lawyer)
- **Amy Wah** (staff lawyer)
- **Renée Lang** (staff lawyer)
- **Jill McNall** (community legal worker)
- **John Nelson** (staff lawyer)
- **Ryan Peck** (executive director/lawyer)

HALCO
HIV & AIDS Legal Clinic Ontario

HIV & AIDS Legal Clinic Ontario
Telephone: 416-340-7790 / 1-888-705-8889
65 Wellesley Street East, Suite 400
Toronto, Ontario, Canada M4Y 1G7
website: www.halco.org

HALCO provides free legal services for people living with HIV/AIDS in Ontario.

We provide intake for new inquiries on Monday, Tuesday, Thursday and Friday from 9 a.m. to 5 p.m. (not Wednesdays). A HALCO caseworker is assigned to deal with new inquiries each intake day.

HALCO is a "scent-reduced environment" so please avoid wearing scented products to our offices. Help us to make HALCO more comfortable for everyone!

HALCO is a registered charity funded by Legal Aid Ontario, the AIDS Bureau of the Ministry of Health and Long-Term Care, and other sources including corporate, foundation and individual donors.

We welcome **donations,** and tax receipts are issued for donations of $20.00 or more. If you would like to make a donation to support our work, you can call us toll-free at 1-888-705-8889 or make an on-line donation through **CanadaHelps** on our website:
www.halco.org/get-involved/donate

HALCO news **contains general information only. It is not legal advice.**

Laws, policies and practices can and often do change.

If you have a legal question or problem, you need legal advice. Please contact HALCO, your local legal clinic, or a lawyer for legal advice.

HALCO news **is published by the HIV & AIDS Legal Clinic Ontario (HALCO) and is distributed free to our members, interested individuals, agencies and organizations.**

Please contact HALCO if you want to reproduce or excerpt any part of *HALCO news*.

The views expressed in *HALCO news* may not reflect those of HALCO board and/or staff.

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HALCO
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TEL: 416.340.7790 | TOLL-FREE: 1.888.705.8889 | FAX: 416.340.7248 | www.halco.org

HALCO Membership/Renewal Application

HALCO's primary goal is to provide free legal services to people living with HIV/AIDS in Ontario. To help us to fulfil our goal and to ensure that our services are relevant, we need the participation of people living with HIV/AIDS in Ontario, as well as those who are not living with HIV/AIDS.

Please offer your support by becoming a member of HALCO. As a member of HALCO, you have the right to participate in and vote at our General Meetings, and to stand for election to our volunteer Board of Directors. Membership takes effect when it is approved by the Board of Directors. HALCO reserves the right to deny Membership Applications/Renewals. Only members in good standing who have been members for at least 30 days before the meeting may vote at a membership meeting. Membership has no effect on eligibility to receive legal services from us.

There is no fee for HALCO membership and membership is renewed annually. To become a member, you must be a resident of Ontario who is 16 years of age or older, and you must agree with our ***Statement of Principles*** (on page 2 of this application).

Your membership information will be used to inform you of our Annual General Meeting and to give you the opportunity to renew your membership annually. You can also choose to receive other HALCO information, including our newsletter, by checking the box below. We will only share your membership information as required by law. You can also apply for or renew your HALCO membership on our website: **www.halco.org/getinvolved/membership**

I agree with the *Statement of Principles* of the HIV & AIDS Legal Clinic Ontario (HALCO), I am a resident of Ontario, I am 16 years of age or older, and, I am applying to:

☐ **become a member of HALCO** **or** ☐ **renew my HALCO membership**

Signature: _____ Date: _____

Name: _____
(please print)

Address: _____

Unit/Apartment: _____ City/Town: _____

Province: _____ Postal Code: _____

Phone: _____ May we leave phone messages for you? Yes ☐ No ☐

E-mail Address: _____

To receive our newsletter, updates, etc., please choose mailings by: Email ☐ Mail ☐

If you are a new member, please tell us how you found out about HALCO:

_____

Thank you for applying to be a member of HALCO!

Statement of Principles
of the HIV & AIDS Legal Clinic Ontario

Adopted January 30, 2006, by the Board of Directors
of the HIV & AIDS Legal Clinic Ontario.

It is agreed that:

1. People living with HIV/AIDS are confronted with unique legal problems of enormous proportions and complexity;

2. Those best equipped to make choices regarding HIV/AIDS issues and problems are those individuals who are HIV positive themselves;

3. People living with HIV/AIDS must have control over their own lives;

4. The HIV/AIDS affected communities are very diverse and are confronted by overwhelming challenges derived from both their diversity and from their common experience as people living with HIV/AIDS;

5. It is necessary to create and foster a climate of understanding and mutual respect for the dignity and worth of people living with HIV/AIDS; and

6. The confidentiality, bodily security, autonomy and privacy of people living with HIV/AIDS must be respected, which include but are not limited to:
   a) the right of individuals to exercise control over their own medical treatment;
   b) the right of individuals to exercise control over decisions concerning their own socio-economic position;
   c) the right of all persons living with HIV/AIDS to be fully informed of all processes and procedures in which their interests are in any way involved; and
   d) the right of all persons living with HIV/AIDS to consent, or withhold their consent, in all matters affecting them.