

DR. CHRISTOPH KIND, INC.

NATUROPATHIC FAMILY MEDICINE

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The New HPOA Regulations and Your Healthcare

Dear Friends, Colleagues and Patients,

There are changes coming to the way health care will be delivered and regulated beginning April 1 of this year - changes that affect you, your privacy, and the way all physicians and practitioners in BC will be permitted to practice.

In November 2022, the provincial government passed a very large and consequential law, first called Bill 36, now known as the **Health Professions and Occupations Act (HPOA)**. At 276 pages and 645 sections, it is the most sweeping piece of health-regulation legislation in more than 30 years. This Act regulates all health care professions, from medical doctors to speech pathologists and massage therapists to psychologists. It is not only naturopathic physicians. It should be noted that only 233 of the 645 sections were read, discussed and debated in the legislature before it was passed by the majority NDP Government. The full text of the HPOA is found at the following URL.

<https://www.bclaws.gov.bc.ca/civix/document/id/bills/billsprevious/3rd42nd:gov36-3#part3div6>

This law completely restructures the regulation of health-professionals and significantly changes the relationship between patients and their practitioners.

Because this law now fully comes into effect on April 1, 2026, I need to more fully explain and bring understanding as to what the law will require, how it impacts your own privacy and the professional autonomy of all of your health care providers and importantly, what I will have to be doing as your physician.

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The most terribly difficult and sad decision I have now had to make is that I will not continue to hold a license to practice in BC after March 31, 2026. I cannot compromise the integrity and ethic of my medical care for each of you and let that now rather become politically managed care. I am unable to agree to and will not be agreeing to the new dictates and conditions required of me in order for me to renew my license. The new conditions are many and abhorrent to the true principles of democracy and autonomy for individual choice in health care. I will describe these for you further.

- **What is the HPOA?**

The Act creates a new government-controlled bureaucracy that replaces professional self-regulation and establishes two new government-appointed bodies: (Section 486)

- A Superintendent's office
- A Discipline Tribunal

These bodies have broad authority over every health profession in BC. Their members are appointed only by government and report solely to the Minister of Health—not to practitioners or directly to the public. At the same time, health-professional colleges are being reduced from 16 to 6, and all board members will now be appointed by the government Minister of Health (s.346).

- ***"Primum Nocere?"* Health professionals are now defined primarily by the risk they pose**

A health professional is defined in Section 6(a)(iii) as someone who "provides health services that may present a risk of harm to the public" and so this Act begins from the assumption that all regulated professions are potentially dangerous, pose an inherent risk of harm and therefore require central government-directed control.

The classic and foundational ethical duty of all clinicians to be guided by *"Primum Non Nocere"* (First Do No Harm) is now completely ignored, reversed and replaced. Instead of the presumption of a professional's duty to use one's knowledge, judgment, and conscience to minimize harm and maximize benefit

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for an individual patient, a practitioner is deemed dangerous and so needs to be controlled!

Further, the danger is now determined to be 'to the public' and not to the individual anymore, inviting significant change to the doctor-patient (individual) relationship. Consider the contrast between the ideals of determining the least harmful, most beneficial path towards healing for a particular individual vs. the clash with the new principle asking the determining question, "Does this diverge from adopted standards in a way that increases risk to the public (group)?"

The most effective medicine for the patient sitting in front of me is always relational, grounded in trust, informed by consent and found by seeking to use the therapy to address the specific needs of that individual in the most gentle, rapid and permanent way.

When medicine is focused primarily on treating a group it always and necessarily ignores the individual. The group now more easily becomes more important to the physician than the individual.

- **The Minister of Health may unilaterally set or change practice standards**
 - Section 213 states that "The minister may make regulations respecting practice standards for the purposes of protecting the public from harm."
 - **This gives the Minister the power to redefine acceptable practice at any time, without consultation.**
 - For integrative and naturopathic practitioners—whose approaches often differ from mainstream medicine—this creates uncertainty around how future standards may be defined or reinterpreted.

- **Section 533: The government may adopt external laws or standards without debate**
 - Section 533(1) of the Act goes even further. It states that any regulation, bylaw, or rule made under the HPOA may be adopted *by reference*:
 - regulations, codes, or standards from any other Canadian province,

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- laws or regulations from foreign countries,
 - rules or codes from any provincial, national, or international body,
 - and rules created by any organization capable of setting standards.
 - These external laws or standards can be adopted:
 - in whole or in part,
 - with or without changes,
 - without being debated in the BC Legislature.
 - In plain language:
 - **BC regulators or Cabinet may “import” external standards—including those from foreign governments or international bodies—and make them binding in BC simply by regulation.**
 - This is an extraordinary power, and it adds further uncertainty about how future standards may be created or applied.
- **The Act creates an offence for “misinformation” and “misleading information”—without defining what they mean**
 - Section 70 (2)(g) states that it is an offence to provide “false or misleading information,” but does not define misleading.
 - Combined with the Minister’s ability to reset standards (s.213), this means:
 - information that is appropriate today could later be judged misleading based on evolving or politically influenced standards
 - **This creates significant risk when discussing alternative and integrative options, emerging evidence, or individualized approaches outside mainstream guidelines.**
 - A practitioner may reasonably decide that they can only give you a politicized medical opinion.
 - **Investigators may access your medical records without a warrant or your (the patient’s) consent**
 - Under section 131(2), investigators may:
 - enter a clinic without a court order
 - inspect, copy, or seize any records, including personal or confidential information

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- **Your medical records and health status are no longer private**
- This is such a major change from our current privacy safeguards. It is hugely concerning to allow this expanded investigatory authority.

- **There are significant penalties for offences**
 - The Act allows for:
 - fine up to \$200,000 and six months of imprisonment for individuals (s.518(1))
 - fines up to \$500,000 and 2 years imprisonment for corporations (s.518(2))
 - These penalties could apply even when the alleged "offence" involves undefined terms like "misleading information."

- **Regulatory colleges gain complete statutory immunity**
 - Section 400(2) states that no legal action may be brought against a regulatory college, not even to the Supreme Court.
 - **There will soon be then no meaningful accountability for decisions affecting both practitioners and patients.**
 - No guaranteed right to appeal decisions or even to be heard further
 - Even if acting in good faith, a practitioner could face disciplinary decisions without a hearing or avenue of appeal. Procedural review is possible but the essence of decisions by government appointed bureaucrats remain unappealable.

- **Licensing of all health care workers will now require reporting of vaccine status as may be mandated.**
 - This Act creates the framework for licensing authorities or the Minister to require vaccination or vaccine-status reporting in the future, without legislative debate because
 - section 49 allows "vaccination as a condition of licensure"

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- **under what circumstances, for which vaccines and which diseases are to be defined at some point in the future**
 - **request for personal autonomy or medical exemptions might still mean limitations on scope of practice as determined by the Minister and lead to decreased access to health care for patients**
- section 213 allows the Minister to define standards for “protecting the public from harm”
 - section 533 allows adopting vaccination standards from ANY external body
 - section 212 removes appeal rights if a practitioner refuses
 - section 67 obligates practitioners to comply
 - penalties (s.518) are severe
- **This is highly problematic as legislated because it creates a vague legal determination that allows flexibility for future adoption of new standards with no meaningful oversight.**

There is growing evidence, as we approach the enactment of this law, that there may well be a further decrease in the number of health care workers across all disciplines in BC. Surveys are ongoing that may suggest that, significantly, up to 10% of health professionals in BC may decide to retire early, move to practice in another jurisdiction or seek employment outside of health care by April 1, 2026, when this law comes into effect.

This is alarming given the already significant challenges patients have in accessing timely care. We cannot afford to lose more practitioners of any designation.

My Most Difficult Decision

These new control regulations and conditions which can be adopted adapted and changed simply at the Minister’s (Minister of Health) “discretion” are so significantly vague and undefined in this Act that the law appears to allow for absolute control

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shifting specific health care focused on an individual rather now towards offering politicized-medical care given to the public as a group. The Minister, the Minister's appointed Superintendent and the government appointed Provincial Health Officer all have the authority at their discretion (no further legislative discussion) to control, limit scope and regions of practice. Appointed bureaucrats can decide to look at your personal information for no stated reason. Discipline for providing misinformation to a person, public or otherwise cannot be appealed in court. Outside laws, regulations and rules can be introduced in addition, without any further legislative debate.

I will protect your confidential record with me from political intrusion. I am not willing to agree to any of these conditions in order to maintain my license to practice in BC. I will hold licenses in the jurisdictions of AB, SK, MB and NWT. I will also be able to provide clinical consultation services to doctors in BC and across the country and I will make every effort to help guide you to maintain best continuing care from other physicians who still will be practicing. Understand that the terrible challenge and tragic outcome of this law is that there are a number of other docs and NDs who also will not continue to practice in BC because of this law

Indeed, I have been in long discussions with a few physicians to take over care here in this clinic so disruptions can be minimized as best as possible. I will let you know as soon as I have confirmation of that outcome.

In sincere and sadness ... surely with love and prayers of health to you all,



Dr. Christoph Kind
Naturopathic Physician

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You need to make your voice loud and heard.

This affects not only NDs but all health care providers in BC! Many will remain in practice but there will be a number across the professions who will retire or move out of the province or who may then seek employment outside of health care by April 1, 2026.

If you have concerns about these broad regulatory powers — particularly the ability to:

- adopt external standards without debate (s.533)
- impose undefined health-status requirements (s.49)
- remove confidentiality of your medical records and health status (131)
- change standards of practice by regulation (s.213)
- define misinformation at the Minister's discretion (
- restrict appeal and hearing rights (s.212),

You may write respectfully to:

- **Your local MLA**
- **The Premier of British Columbia**
- **The Minister of Health**
- **The Leader of the Opposition**
- **The Opposition Health Critic**
- **The Deputy Minister of Health**

Your voices carry real weight. Your lived experience matters in shaping the future of health care in BC.