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Within Canada, there are essentially two approaches used to regulate the provision of health services: (1) professional exclusivity—where the rules prohibit anyone other than members of a profession from carrying on the business and practice of that profession (e.g., only members of the provincial College of Physicians may practice medicine); and (2) restricted activities—where the rules create a list of defined activities and procedures that may only be performed by members of Regulated Health Professions granted the authority to do so (e.g., only members of the provincial College of Physicians may reset or cast a bone fracture).

The first approach, which I call the Professional Exclusivity framework, is the traditional approach used for regulating health services. Historically, this approach began with the recognition of the medical profession as a discrete profession and the delegation to it of the right and obligation to regulate its own standards and members, the theory essentially being that medicine is a highly specialized activity and members of the profession are in a better position than the public to know the qualifications and standards that should apply to practitioners.[1]

Over the years the concept of what constituted the practice of medicine fragmented as new health practices emerged and specialties within the traditional field of medicine developed and splintered off. Eventually, many of these new health professions sought the prestige and benefits of professional status and petitioned governments for the right of self-governance. Today, somewhere between twenty and thirty health professions are recognized and granted the right of self-regulation within most provinces.

While this approach to regulation appears simple, it actually can lead to confusion because these statutes often do not properly define the activities that constitute the practice of the profession they regulate, instead leaving this task to the governing body of the profession itself and the courts.

Using the practice of medicine as an example, common sense should tell us that performing surgery, setting broken bones, diagnosing a disease such as cancer and prescribing and administering chemotherapy as a treatment involves the practice of medicine. But what about less obvious activities? What about determining whether a person is obese and structuring a treatment? Diagnosing obesity is relatively easy. It can be done with little more evidence than our eyes, and the treatment for it (exercise and diet) is also pretty straightforward. Yet, obesity is also a recognized disease. Does the act of identifying and treating obesity constitute the practice of medicine? To take this argument to its extreme, what about dehydration and starvation? If I tell a dehydrated person to drink water or a starving person to eat food, am I diagnosing and treating a condition? What if I recommend they take vitamins?

For Holistic Nutritionists who want to ensure they do not cross the line and face a charge of unlawfully practising medicine this grey zone is a real problem.

The other regulatory approach taken by Canadian provinces, which I call the Restricted Activities framework, involves focusing more directly on consumer protection by controlling who may perform specific defined acts and procedures that are viewed to be inherently risky and therefore requiring a requisite level of skill and training to perform. For example, section 4(1) of Schedule 7.1 to the Alberta *Government Organization Act* provides in part:
s. 4(1) No person shall perform a restricted activity or a portion of it on or for another person unless:
(a) the person performing it
(i) is a regulated member as defined in the Health Professions Act, and is authorized to perform it by the regulations under the *Health Professions Act* . . .
The list of Restricted Activities is defined in section 2(1) of the same schedule and provides in part:
s. 2(1) The following, carried out in relation to or as part of providing a health service, are restricted activities:
(a) to cut a body tissue, to administer anything by an invasive procedure on body tissue or to perform surgical or

other invasive procedures on body tissue
(i) below the dermis or the mucous membrane or in or below the surface of the cornea;
(ii) in or below the surface of teeth, including scaling of teeth;

Regulation through a Restricted Activities framework represents the emerging trend among Canadian provinces. At the present time, the provinces of, Alberta, B.C., Ontario and Quebec have implemented Restricted Activity regulatory regimes and the province of Manitoba is in the midst of making the transition to one.
In the next chapter I have included summaries of key provisions of these rules, organized on a province-by-province basis, for easy reference.

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As part of regulating health professions and/or activities that are restricted and may only be performed by specified Regulated Health Professions, the provinces also restrict the use of professional titles, essentially reserving the use of titles typically associated with a profession, for the exclusive use of its members. The principle behind this is, obviously, consumer protection. If the primary purpose of regulating a profession is to ensure the quality of practitioners, it makes sense to ensure those practitioners can be readily identified by the public. An exclusive title does this.

In Canada, most provinces generally reserve titles such as "Doctor" and "Physician" and "Surgeon" and associated abbreviations for use by members of one or more of the "medical" professions (e.g., medicine, dentistry, psychiatry, etc.). In Alberta this restrictive list extends to approximately 75 specific specialties of medicine. In provinces in which naturopathy is a Regulated Health Profession, use of titles such as "Naturopath" and "Naturopathic Doctor" are similarly restricted.

In the next chapter I have included summaries of the key rules relating to the use of professional titles, organized on a province-by-province basis, for easy reference.

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At the time this is being written, there is considerable debate within Ontario's complimentary health therapy industry about the pending implementation of a new Controlled Act dealing with the practice of psychotherapy techniques. This Controlled Act is defined to be:

Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.

The concern among critics is that the term "psychotherapy technique" is not defined and that a "therapeutic relationship" can be reasonably interpreted to include any client relationship that involves counselling or coaching services, such as many Holistic Nutritionists provide to their clients. The difficulty with this interpretation is that it ignores the conjunctive nature of this definition and looks selectively at only two of the four conditions it contains. For a treatment to be a Controlled Act under this section all four conditions must exist: (1) the use of a psychotherapy technique, *delivered* (2) within a therapeutic relationship, *to* (3) treat a serious disorder, etc., *that may* (4) seriously impair the individual's judgement, etc. Provided a Holistic Nutritionist is not treating a serious disorder that may seriously impair a client's judgement or behaviour, for example, he or she is free to use a technique with a client, such as counselling, even if it would constitute a "psychotherapy technique" being provided in a "therapeutic relationship."

[1] Casey, J. T., *The Regulation of Professions in Canada* (Toronto: Carswell, 1988).

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