Automobile Injury Appeal Commission

Province of Saskatchewan

Citation: *E.T. v. Saskatchewan Government Insurance*, 2005 SKAIA 040

Date: 20050818

File: 113 of 2003

BETWEEN

E.T., Applicant

and

Saskatchewan Government Insurance, Respondent

Appearances*:*
David MacKay, for the Applicant
Dale Brown, for the Respondent

Before: **Ann Phillips, Q.C., Chair**
Beverly Cleveland, Commission Member
Joy Dobko, Commission Member

THIS DECISION HAS BEEN EDITED TO PROTECT THE PERSONAL AND HEALTH INFORMATION OF INDIVIDUALS BY REMOVING PERSONAL IDENTIFIERS AND OTHER IDENTIFYING INFORMATION.

Heard at Saskatoon, Saskatchewan
September 7, 2004

DECISION

[1] The Appellant, E.T., appeals a decision of Saskatchewan Government Insurance (SGI) dated February 11, 2002 that terminated her benefits, including income replacement benefits. The decision was referred to mediation which was completed without resolution of all the issues by the mediator's letter of August 15, 2003.

[2] The decision letter was based on a medical opinion obtained by SGI from Dr. Evan Howlett, one of its medical consultants, written January 28, 2002. SGI's decision letter stated: "…it is our position that your seizure condition is not related to the motor vehicle accident…". The decision also stated that even if medical evidence subsequently showed that the seizure disorder was related to the motor vehicle accident, she had been non-compliant with treatment, as she had been advised several times to take medication to prevent possible seizures and had not done so.

FACTS

[3] On August 1, 2000, the Appellant, then 20 had a day off from her employment as a pen checker on [the feedlot]. Raised and educated in British Columbia, she had taken this job because of her passion for horses and outdoor activity. She was one of three employed to monitor the 30,000 head of cattle feedlot, and maintained three horses to carry out her work. She had bought a house in [town], some distance from her work near [town], and loved her job, which had a 10 days on, 4 days off cycle. As she was returning home from [town], a large piece of asphalt dislodged by a passing truck came through her windshield, striking the left side of her face and left shoulder. She lost control of the car, but as the surrounding land was relatively flat, came to a stop some 20 feet off the road without rolling. She believes she also hit her head in the process. Her recollection of events following the accident is incomplete. She recalled someone opening the door to her car, and that she was able to continue to drive to [the hospital] where she was seen by a nurse who picked the windshield glass out of her body and advised her to shower at home. She knows she went to [the police station] to report the event, but there is no report of the accident. She went to SGI in [town], was told that her insurance did not cover the windshield and no file was opened. She recalled having a shower but did not remember anything about the

rest of the day. In particular, she did not recall having seen a doctor or having had x-rays at [town], although she did.

[4] When she returned to work, she noted that she was always tired, had pressure headaches on the left side, and experienced weakness, dizziness and trouble focussing. She was upset because one day she didn't cinch the saddle properly on her horse; when the saddle rolled, it scared him, and he ran through a steel gate and was lame for a month. She felt less confident in her job, and especially driving machinery or her car. She no longer enjoyed her work, nor socializing with friends.

[5] She related that one morning in August, she had gone into her kitchen shortly after 6 am, and woke up lying on the floor about 8:30-9 am, with no recollection of anything in between. She had some bruises. She saw her family physician, Dr. Saxena, later that day, and was referred to Dr. Voll, neurologist, who advised her not to drive pending results of an electroencephalogram.[1] He had not referred to horses, not realizing the nature of her job. When she asked Dr. Saxena about riding September 7, he ordered her off work until conclusion of testing, diagnosis and treatment. However, on a further check up September 29, 2000, after six weeks off work, she was feeling well, with no headaches or dizziness, and he authorized her as fit to return to work.

[6] At work they were beginning the "fall run", involving long days and physically demanding work. She again experienced fatigue, and felt frustrated, lacking in patience. She had insomnia. She was performing the same tasks at work, though less efficiently.

[7] The driving restriction had many effects on her activities. She could not independently shop for groceries, get to available recreation, was unable to work or to ride her horses. She concluded that it would be best for her to move back home to British Columbia.[2] After selling most of her horses, her house and her car, she moved home in May 2001. She began receiving income replacement benefits.

[1] In fact, the EEG was performed in September, but she did not receive the results until the following March. She did not know the reason for the delay. Dr. Saxena had pronounced her fit to return to work September 29, 2000.

[2] She had made the decision before seeing Dr. Voll in March.

[8] In September 2001, while participating in a charity marathon, she experienced what she described as several minutes of loss of awareness. She separated from other runners and did not know where she was. She did finish the race.

[9] In February 2002, her benefits were terminated because SGI determined that her condition was unrelated to the motor vehicle accident. [This decision is the subject of the appeal.] Whether or not related, in February she got a job as a credit union teller, working 9 to 5, but only about 30 hours per week. The job paid $1,200 per month (compared with her Saskatchewan employment at between $1,500 and $1,800), and offered little opportunity for advancement. She took a CPR course, and a first year university science course, and volunteered at the local hospital. She began to think of going to medical school.

[10] She attended North Island College in Campbell River, where she began four courses (biology, psychology and math), dropping one (anthropology). The following semester she received a B, 2 A's, and failed English.

[11] At the time of the hearing, she acknowledged that she had improved significantly, with more energy, and less frequent dizziness and headaches, although she had not regained her stamina. She had noticed these effects for a year after her benefits had been terminated, primarily fatigue, but also a lack of focus, which she described as "zoning out", an inability to absorb what was on a page before her. While she is now being investigated for possible endocrine dysfunction, she says there has been no diagnosis to explain her seizure-like activity other than post-concussive syndrome.

The Medical Evidence

[12] The issue to be decided is whether or not the Appellant's condition is related to the motor vehicle accident of August 1, 2000.

[13] The relevant medical evidence includes reports from Saskatchewan doctors Saxena and Voll, and B.C. doctors Javidan, Jones (EEG), and Burns (G.P.), and SGI consultants Dr. Taillon and Dr. Howlett.

[14] Dr. Voll advised in March 2001 that the August episode was a seizure[3], and prescribed medication, and no driving. She said that when she absorbed this, following her attendance in his office, she became concerned. She researched the side effects of the medication, and concluded that her actual symptoms were not as bad as the possible side effects of the medication. She said she had had an allergic reaction to the medication Toradol, which she had taken when she hurt her shoulder a year before, and was concerned with what might happen given the distance of her house to any medical facilities and the restriction placed on her driving.

[15] Dr. Saxena, in response to SGI's request for clinical notes and other information, expressed the view in May, 2001 that "Since [the Appellant] did sustain a head injury at the time of her MVA, one would conclude that the bouts of seizures and dizziness she has been experiencing since then may be related to her accident."[4]

[16] Shortly after her arrival in British Columbia, she consulted neurologist Dr. Javidan, who conducted a further EEG, who reported to her family physician: "This young woman very likely has post concussion syndrome, in view of the constellation of symptoms. The nature of one event without witness is not certain. This could have been a fainting spell. I will arrange for an EEG and to see if we can confirm the previous EEG findings in Saskatchewan, suggesting primary generalized epilepsy." The EEG report read: "On rare occasions suspicious generalized dysrhythmia is noted. On one occasion this was superimposed by a spike-like activity, however, it could be an artifact. A follow-up study with sleep deprivation is recommended." Three subsequent sleep EEG reports May 24, June 5, and November 8, 2001 all noted: "Clinical interpretation: Normal EEG during wakefulness and sleep." Dr. Javidan referred to "spells" of dizziness, poor concentration, "zoning out", and brief episodes of tunnel vision, light-headedness and weakness, without loss of awareness. It appears to be these symptoms to which he refers in diagnosing post concussion syndrome.

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[3] "..EEG…demonstrated fragmented generalized spike wave. Cranial CT scan was normal…In summary, this patient likely suffered a seizure in August/2000, which appears to have been photic stimulated. I have recommended initiation of treatment with sodium divalproex 375 mg b.i.d.…In the event she has had no recurrence of seizures in two years, I would recommend obtaining a follow-up EEG. In the event that EEG has normalized, it may be reasonable to consider withdrawal of antiepileptic medication."

[4] In Dr. Saxena's letter, the change before has been handwritten. We have concluded that this was done by Dr. Saxena.

[17] SGI's medical consultant, Dr. P. Taillon, a family physician, was asked to review her file in May 2001. He had the reports from Drs. Voll and Saxena, but none of the B.C. reports referred to in the previous paragraph. He did have "[t]he note from [the Appellant which] suggests that a preliminary EEG on May 18th 2001 may have been normal as she is now scheduled for a sleep deprived EEG."

[18] Dr. P. Taillon advised SGI:

> "The medical information on file does support the evidence that she did have a head injury and suffered a traumatic based seizures disorder. Whether she may have had a predisposition to this is impossible to ascertain. One has to assume that her present difficulties are MVA-related…
>
> "The difficult aspects of this file are that the symptoms of post-concussive syndrome are very difficult to quantify and qualify and indeed are very non-specific. These same symptoms may overlap with mild seizure-related symptoms."
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> "At this time, her present symptoms need to be attributed to her MVA, until further information is received."

[19] SGI paid income replacement and other benefits accordingly.

[20] The B.C. family physician provided SGI a report in June 2001, referring to cervical whiplash (grade I), tender right trapezius, for which she was receiving chiropractic and massage treatments every second week.

[21] SGI's next review was by Dr. Howlett in January 2002. He considered the information from Dr. Javidan and concluded there were two overlapping conditions: post concussive syndrome, and possibly a seizure disorder. He said that the two neurologists, Voll and Javidan, had confirmed the post concussive syndrome, explaining her symptoms of dizziness, poor concentration, fatigue, poor sleep and mood swings. These symptoms could persist, although they tended to diminish with time. There could be a permanent impairment rating for them.

[22] With respect to the possible seizure disorder, he accepted Dr. Voll's initial diagnosis of a seizure on August 14, 2000, but noted the absence of evidence of any other seizure episode.[5] The September 28, 2000 EEG report had said her EEG was consistent with a genetic pre-disposition to seizure disorder, but this did not mean she necessarily had an active seizure disorder. He related this to Dr. Javidan's statement that "it is possible that she would have primary generalized epilepsy, probably not related, but triggered by the accident". He interpreted this as saying that her previous disposition to seizure disorder, with the concussion, triggered a seizure (as opposed to a seizure disorder).

[23] We accept this characterization as accurate and fairly based on the evidence.

[24] Dr. Javidan's subsequent report of July 29, 2002, after SGI terminated benefits, referred to the "event" in the late September 2001 marathon, as the last she had had up to that time. He expressed the view that "it is quite possible that her spells are indeed seizures", as the two suspiciously abnormal EEGs were consistent with a predisposition to seizures. Were they related to the MVA? The only association is that of timing (no spells before the accident). Seizure recurrence is always highest in the six months following an event, but symptoms might recur later, in view of her history.

[25] Dr. Howlett in testimony said that this report did not change his opinion, and we accept that conclusion. We find that the Appellant has a predisposition to seizures, and that the August 2000 event was triggered by the MVA. The relationship of the marathon event in September 2001 to the MVA is uncertain, but Dr. Javidan's report is not sufficient, in our view, to link it to the MVA. The Appellant stated that it could have been a stress-induced seizure.

[26] However, this does not end the matter. SGI terminated the Appellant's benefits, based on Dr. Howlett's January 2002 report, on the secondary[6] ground of non-compliance, in that she could have taken anti-seizure medication and chose not to. Dr. Howlett commented that she had

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[5] The charity marathon event of September 2001 occurred after the May-June 2001 reports which were the latest available to him. Dr. Javidan's report of July 29, 2002 mentions this.

[6] SGI states that the seizure condition is unrelated to the accident, but if she *does* produce medical evidence of such a relationship, their position is that she has been non-compliant.

been advised several times to be on medication to prevent possible seizures, and that Dr. Javidan had indicated that if she was on medication she would likely be able to drive within two months. He suggested, based on Dr. Voll's report, that she could function normally in her work and be able to drive if she took medication, and that after two years free of seizures on medication she might not require medication on a long term basis.

[27] The Appellant's objection to anti-convulsant medication is that when she saw the list of side effects to the anti-convulsive medication[7], she thought they looked more extreme than the symptoms she had experienced. She referred to an allergic reaction she had had to Toradol (for pain) the year before the accident. Her mother described severe food allergies, including an anaphylactic shock reaction in high school which required hospitalization. She testified to having telephoned or written to Dr. Voll about this, but was unable to relate his reaction (if any) to it, nor do the documents filed refer to it.

[28] Dr. Javidan's report is more specific:

> "She would like to think about this [medication trial and driving], and will let me know whether she would like to go on a trial of Valproic Acid. All the side effects of this medication were explained, and I re-emphasized to avoid potentially risky situations."

[29] These potentially risky situations included bathing alone, hiking, biking, swimming, horseback riding or skiing, as well as driving. He said he had discussed the risks and benefits of medication with her, and expressed the view that her decision not to pursue therapy was reasonable, although it clearly had an effect on her employment.

[30] Dr. Jadivan provided a more recent (June 24, 2003) report stating that as she had then gone two years without medication and without spells, it was unlikely that she had epilepsy. He cleared her to drive, although not if she were sleep deprived, fatigued or stressed out.

[31] Dr. Howlett's testimony given by telephone was asked about the side effects of anti-convulsive medication, particularly liver failure. An Internet monograph on Divalproex Sodium

[7] The list is referred to in Dr. Javidan's letter to her dated March 20, 2001.

(Brand name: Epival) was produced by applicant's counsel.[8], which referred to the possibility of hepatic failure resulting in fatality. Dr. Howlett acknowledged the possibility, but pointed out that blood levels and liver function could be monitored. Since most drug reactions are "family specific", he would not interpret an anaphylactic shock reaction to one as applicable to another, very different, drug. Moreover, anaphylactic shock has no relation to liver failure.

[32] He acknowledged that if she was not epileptic (as Dr. Jadivan had opined in 2003) anti-convulsive medication was not required.[9] There are at least twenty-five different types of seizures, with varying causes. Since it is not always known initially what kind of seizure is involved, it is reasonable to prescribe anti-epileptic medication, especially in the first six months when the risk of recurrence is higher. He accepted that he did not know whether Dr. Voll had insisted on the medication or even if he had prescribed it.[10]

[33] We conclude that since Dr. Jadivan thought the Appellant's refusal of treatment was reasonable, if she took measures to prevent risk to others (especially driving) and herself, and since we do not know what Dr. Voll thought, she is not in breach of section 185 of the Act, even if we accept Dr. Howlett's (implied) view that her concerns were based on incorrect assumptions.

[34] We refer to the wording of the subsections relied on:

> Section 185 The insurer may refuse to pay a benefit to a person or may reduce the amount of a benefit or suspend or terminate the benefit, where the person:
> (e) without valid reason, refuses, does not follow or is not available for treatment recommended by a practitioner and the insurer;
> (f) without valid reason, prevents or delays recovery by his or her activities.

[35] In the first place, termination without prior warning that the insurer recommended the treatment, and considered the individual's reason invalid, would be very unfair. In this case, SGI did not do this: it terminated benefits on the ground that the seizure condition was unrelated to

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[8] "Publications", Tab G. The website is given as http://www.mentalhealth.com/drug/p30-d02.html. The Commission does not treat Internet downloads as proof of the information contained without endorsement from a knowledgeable person. In this case, Dr. Howlett did comment on various points raised in the publication, although he did not have it available to him.

[9] "Publications", Tab B at page 6.

[10] He *did* recommend it, but before she considered the side effects.

the accident, and served notice that if further information did establish a relationship, then, "it would be our position at that point, that you have been non-compliant". [Emphases added throughout.] Secondly, Dr. Jadivan's acceptance of her refusal and his subsequent diagnosis of non-epileptic seizure justify that refusal (since anti-epileptic drugs would do her no good), if with the benefit of hindsight. Thirdly, we are satisfied that it was not unreasonable for her to give up her demanding physical employment involving horseback riding and the operation of heavy machinery in light of Dr. Voll's diagnosis. Even if she took medication, there is no medical evidence that she would have been allowed to continue at this employment, other than her family physician taking her off work and then clearing her to return to work pending the diagnosis, which we find inconsistent. Finally, for the same reasons given as "secondly" and "thirdly", we are not satisfied that SGI has shown that the non-compliance would have prevented or delayed her recovery.

Conclusion

[36] Because we have found as fact that the Appellant did not have a seizure disorder caused by the August 1, 2000 accident, SGI's decision terminating benefits in February 2002 is upheld. We do so while underlining that we found the Appellant to be a credible fact witness: precise, careful and forthright with her answers, and who properly exercised her right to refuse treatment.

[37] While it was argued that her employment at the credit union was temporary, and that she should have been retrained, those are not the criteria for determining eligibility for income replacement benefits. There is no automatic eligibility for retraining: in fact, the Commission has observed that job retraining is very seldom offered by SGI. Rather, the emphasis is on a return to work in an employment which the insured can perform, even although it may be at a lower level. Her job at the credit union, a sedentary employment, paid less than the demanding physical work of a pen checker. *If* she had taken that job before benefits were terminated, SGI would have been required to pay the difference between her wages at the credit union and what she was entitled to as income replacement benefits, but only until she made the decision to return to school. At that point, benefits would cease. While it may not make economic sense for SGI to subsidize a claimant in a dead end job for a lifetime, when the alternative *could* be a productive higher paying job after retraining (although a medical education is certainly one of

the longest forms of retraining available), the legislation is simply not written to enable or require retraining in this form.

Permanent Impairment

[38] The Commission also heard evidence and argument on the issue of permanent impairment, although it did not arise out of the decision letter of February 11, 2002 appealed from. While we are doubtful of any jurisdiction to consider the issue, we offer our views on the matter as a guide to them.

[39] In a letter to SGI dated May 20, 2003, Dr. Howlett assessed permanent impairment of 2% whole body, as follows:

> Concussion:
> Regulations, Appendix B, Part 1, Division 2, Subdivision 1, Item 5.b
> There was reported loss of consciousness at the time of impact. There were no abnormalities demonstrated on subsequent CT Scan. The range of permanent impairment benefits available for minor alteration of cerebral tissue following a concussion is 0.5% to 2.0%.
> Permanent impairment for Alteration of Cerebral Tissue 2%.

[40] In fact, Dr. Howlett appears to have given the Appellant the benefit of the doubt with respect to the loss of consciousness. Her application for benefits, completed December 2001, answers the question "Did you lose consciousness immediately after the accident?" with "I don't know": Immediately following the accident, Dr. Saxena's notes state:

> "August 1, 2000 Patient was travelling back from [town] to [town] and was passed by a Dept. of Highways truck which threw a large piece of tar rock at her car breaking and coming through her windshield and hitting her in the left side of her face and left shoulder. She had no loss of consciousness. On examination, CNS was normal. Pupils were equal and reacting to light. Tiny scrapes on hands from broken glass. Small bruise evident on tip of left shoulder. Diagnoses: Concussion."

[41] Dr. Howlett outlined his reasoning in coming to this conclusion at the hearing. The regulations provided no permanent impairment benefit for "post-concussion syndrome". He believed it was possible to class the injury as an "alteration to brain tissue", for which a range of 0.5 to 2.0% whole body impairment is given. He looked at whether there had been loss of consciousness, a Glasgow Coma Scale recording, neuroimaging reports (a CT scan), impairments post-injury. Earlier reports had referred to post-concussion syndrome; later reports had not established post-traumatic epilepsy. He said he tended to rely on earlier reports for facts. He did not like the practice in the Regulations of giving a range of values: as a result, he says he

usually gives the top of the range unless there is evidence to the contrary. He had done so (2%) in this case.

[42] The "Regulations" to which he referred are The Personal Injury Benefits Regulations under the old Act which was in force at the time of the Appellant's accident in 2000. Appendix B is a "Schedule of Permanent Impairments", Part 1 is "Anatomical and Physiological Deficits", Division 2 is "Central and Peripheral Nervous System", Subdivision 1 is "Skull, brain and carotids". Item 5 reads:

> "Alteration of cerebral tissue following a concussion, contusion, laceration or intracerebral hematoma:
> (a) Severe 3 to 5%
> (b) Minor 0.5 to 2%."

[43] The only other potentially applicable categories are in Subdivision 3 "Spinal Cord and Brain", The second relevant part of Appendix B is Division 2, Subdivision 3 (Spinal Cord and Brain), sections (i) and (k), which provide:

> "(i) Posttraumatic epilepsy, syncope, cataplexy, narcolepsy and other neurological disorders and disturbances of consciousness:
>
> (i) stupor, coma or other disorder or disturbance that prevents the performance of the activities of daily living or require constant supervision for the performance of such activities or confinement, including the side effects of medication: 100%
> (ii) a disorder or disturbance that severely disrupts the performance of the activities of daily living and requires an almost constant supervision for the performance of such activities, including the side effects of medication: 50 to 80%
> (iii) a disorder or disturbance that moderately disrupts the performance of the activities of daily living and requires occasional supervision for the performance of such activities, including the side effects of medication: 20 to 45%
> (iv) a disorder or disturbance that hinders the performance of the activities of daily living, including the side effects of medication: 1 to 15%
> …
>
> (k) Organic cerebral syndrome, dementia and neurologic deficiencies:
>
> (i) alteration of the higher cognitive or integrative mental functions which markedly impair the performance of the tasks necessary for every day life or require continuous supervision for performing such activities or confinement including any side effects of medication: 100%
> (ii) alteration of the higher cognitive or integrative mental functions which significantly impair the performance of the tasks necessary for every day life and require near-continuous supervision for performing such activities, including any side effects of medication: 50 to 80%

(iii) alteration of the higher cognitive or integrative mental functions which moderately impair the performance of the tasks necessary for every day life and require occasional supervision for performing such activities, including any side effects of medication: 20 to 45%
(iv) alteration of the higher cognitive or integrative mental functions which slightly impair the performance of the tasks necessary for every day life, including any side effects of medication: 7 to 15%
(v) alteration of the higher cognitive or integrative mental functions which very slightly impair the performance of the tasks necessary for every day life, including any side effects of medication: 1 to 5%"

[44] Since we have found that the Appellant did have post-concussive syndrome but not epilepsy or a mental disorder ("neurological disorder", "disturbance of consciousness", ""organic cerebral syndrome" or "neurologic deficiencies" being those potentially applicable) attributable to the accident, and since fortunately there is no evidence of alteration of mental function, we agree that Dr. Howlett's recommendation of 2% under Item 5 (b) is appropriate.

[45] It was argued that The Personal Injury Benefits Regulations in effect at the time of the assessment of the permanent impairment should be used. The new regulations, which came into force in 2002, have helpful explanations, and seem more complete. Of particular interest in this case, the new Regulations specifically refer to "post-concussion syndrome".

> Part 1: Alteration of Brain Tissue or Function
>
> Cerebral concussion or contusion as documented by health-care practitioner in first 48 hours:
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> Minor (post-traumatic amnesia (PTA) <30 min or loss of consciousness (LOC) <5 min)
>
> Moderate (PTA >30 <24 hrs or LOC >5 min < 1 hr)
>
> (c) Severe (>24 hrs of (PTA_ or > 1 hr (LOC)
>
> Post-concussion syndrome, see Parts 4.6, 4.7 and 4.8.[11]

[46] Parts 4.6, 4.7 and 4.8, however, are substantially the same as 13 (k) of the old Regulations, reproduced above.

[11] Appendix B, Division 2, Part 1.

[47] The Commission has learned in applications involving both the old and the new regulations that some injuries are treated more generously under the old, and some more generously under the new.[12] The issue, however, is whether someone injured before the new Act and regulations can claim the new benefits.

[48] Under both the old and new Regulations, section 36 provides:

> 36. Compensation for permanent impairments is to be determined on the basis of Appendix B.[13]

[49] When the changes to the Act were put through in 2002, section 100(1) provided:

> Notwithstanding any other provision of this Part or any other Act or law but subject to sections 217 and 218, this Part applies only to accidents that occur on or after the date that this Part comes into force.[14]

[50] In section 217, it was specified that medical and rehabilitation benefits (Division 3 and Division 7) were to be increased for existing insureds[15] Income replacement benefits being received by insureds were also the subject of change in section 218 of the new Act.

[51] It seems obvious to the Commission from these sections that the new Act permanent impairment benefits are available only to persons injured after the coming into force of the new Act.

[52] To conclude, our opinion is that Dr. Howlett applied the right Regulations (the old ones) and applied them correctly with respect to permanent impairment benefits.

Dated at Regina, Saskatchewan, on August 18, 2005.

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[12] For example, the "new" equivalent of the mildest variant of 13 (k), now 4.8(e) gives 5% permanent impairment instead of the range of 1-5%. See *N.U. v. SGI*, 2004 SKAIA 002.

[13] 13 Jan 95 c.A-35 Reg 3, s. 36.

[14] The 2002 legislation originally said "218 and 218.1", but this error was subsequently corrected.

[15] Section 217, new Act.

Ann Phillips, Q.C., Chair

Beverly Cleveland, Commission Member

Joy Dobko, Commission Member