

To the Review Task Force:

The Advisory Council on the Status of Women applauds the provincial government's initiative in addressing the long-neglected issues related to Right to Information and Protection of Personal Information. The time limits of the current Task Force do not allow for a complete review of the situation and of the issues that could be potentially addressed by these Acts. We denounce the current process but will submit a few situations and questions for the Task Force's study:

Emergency contraception

Since emergency contraception has been available without a prescription but behind the pharmacy counter, pharmacists in New Brunswick ask questions and record answers from women requesting it, relating to their last period, their use of contraception and the sexual incident that makes them think they are at risk of becoming pregnant. These questions, usually asked at the cash, and the recording of this information including identifying data, represent an invasion of privacy.

Personal health information must be collected and recorded only when necessary, and consultations should only be conducted where confidentiality can be ensured. The Society of Obstetricians & Gynaecologists of Canada says this morning-after pill should be available on shelves, which shows the minimal health risk involved.

When Manitoba pharmacists began asking and recording the same type of information when selling emergency contraception, the Ombudsman ruled that women can remain anonymous, that pharmacists can ask questions pertaining to the purchaser's health, and pharmacists don't have to record the information. The New Brunswick Ombudsman could not accept a similar complaint since his office does not have a mandate over private sector handling of such information.

Language

When service is not available in the patient's official language, staff or patients sometimes use interpreters, including patients in the next-bed, a secretary, a neighbour, etc. Right to privacy is compromised. In these situations, some patients would not get all the information they are seeking, and not ask all the questions they would otherwise.

Co-ed hospital rooms

Several New Brunswick hospitals place women and men in the same hospital rooms, on a regular or occasional basis. This raises concerns about personal safety and well-being, but also about privacy. This lack of respect for New Brunswick values, during a stressful time that heightens a person's vulnerability in many ways such as hospitalisation, offends many women. Some have left hospital early or not sought medical attention. Many do not sleep well in a co-ed room and feel uncomfortable and fearful. Many report they don't feel free to ask questions of attending health care staff while in such rooms. This is an invasion of privacy and places people's personal information and quality of health care at risk. While usually victims of domestic or sexual violence can obtain a non co-ed room if they disclose their past, they must often do so repeatedly.

Addictions

In New Brunswick, despite what is known in the field to be effective, few addiction services are provided in women-only groups, and women-specific treatment is not the norm. Women and men differ in how and why they abuse substances. For many women with addiction problems, their experience of abuse and exploitation is relevant to their addiction and to their treatment. Women often resist disclosure in a mixed group, and non-disclosure is counter productive to their recovery. Sex workers in a recent New Brunswick study report that staff at detox centres are very judgmental. They also state that women-only and women-centred services are key to their requesting help and potentially leaving the sex trade.

Questions

As noted above, the time limits imposed by the current Task Force do not allow for a complete review of the situation. Given the time, we would have explored the following questions, which we urge the Task Force to consider and address:

Women who are attempting to keep a former partner from contacting them or knowing their whereabouts have reported that their partner was able to obtain information from a government service, such as by asking where the (federal) child tax credit was being sent. Do all government services who have personal information follow the same protocol regarding training of personnel and control of information?

Some women who are attempting to remain safe after having left an abusive partner report having difficulty obtaining information about when the partner will be back in circulation, for example, when he will be discharged from a detox or treatment center. They would normally get such information from a jail or detention center, given her safety concerns.