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National Council of State Boards of Nursing

## **2017 NCSBN Discipline Case Management Conference - Can I Please Take My Hat Off: Parameters of Off-Duty Conduct Video Transcript**

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### **Event**

2017 NCSBN Discipline Case Management Conference

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### **Presenter**

Robin K. McKechney, Partner, Steinecke, Maciura LeBlanc, Barristers & Solicitors

- [Robin McKechney] So, I'm going to talk about off-duty conduct and really, it's impossible to talk about off-duty conduct without starting with an athlete. There's so much low-hanging fruit when it comes to off-duty conduct in athletes. Ryan Lochte. When a report surfaced of an armed assault on four U.S. Olympic athletes, the U.S. Olympic Committee immediately interviewed the athletes and instructed them to keep a low profile. Instead, Ryan Lochte walked out the door of the athletes village and did an interview with The Today Show. He gave a lurid account of a gun-to-head holdup by men identifying themselves as police officers. He later recounted the story to the police. As we all know, Lochte's version was quickly contradicted by surveillance video and witness interviews. And in fact, the athletes had vandalized a gas station bathroom and had been asked by security to pay for it. Lochte made it back to the U.S. A couple of his colleagues were not so lucky and were pulled off a plane and held in custody. The point being, the fallout from Lochte's off-duty conduct was swift. It set off a dispute that transcended sports and became a point of tension between the United States and Brazil. Sponsors reacted straight away with Speedo and Ralph Lauren immediately cutting ties, the media reacted as well. Now, Canada's Globe and Mail reacted in the way of the reserved and boring Canadians with this headline, "Speedo, three other brands drop Lochte." Accompanied with a picture of Lochte practicing his trade. The American media was less reserved. "Liar, liar, Speedo on fire." I'm pretty sure that's Lochte's Blue Steel look. The National Governing Body for Swimming in the U.S. and U.S. Olympic Committee were left with no choice, Lochte was suspended for 10 months. And he lost the \$100,000 bonus for winning a gold medal. Worst yet, he had to appear on "Dancing With The Stars." It's unclear whether that was part of any sanction. Of course the U.S. Olympic Committee and USA Swimming suffered untold damage. What can we take from this? When a member dives into the pool of off-duty conduct, the splash back for your organization can be a tidal wave. Can be vicious, unpredictable, and a nightmare to manage. In other words, just because it happened in Vegas, doesn't mean it stays in Vegas anymore. So, with that, let's get into off-duty conduct and what it means. Just briefly, the session outline, I'm going to discuss the definition of off-duty conduct and consider how it's defined in various jurisdictions. I'm going to explore that and how different regulators apply their definition of off-duty conduct. It's not clear and consistent across boards, and in Canada across what we call colleges, but I will draw some consistencies from the way I see it applied that hopefully, you can take back with you. I'm also going to go through some case studies. They're based on actual cases and I'm going to make you all members of a discipline

committee, so you can't fall asleep. You got to learn from the first half so you can apply it in the second half when we do the case studies. And I'll tell you what the discipline committees found when they did their analysis and I think you'll be surprised by some of the results and how your results differ. And finally, I'll discuss the overarching public policy in this area and why we decide to regulate off-duty conduct. I actually inserted this slide this morning and thanks to the help of Mike and Ben at the back, because last night I found a case...this is how nerdy my life is, I got back from the Pirates game and I started reading case law...but I found this one...because I've seen the Jeff Sessions thing like about a dozen times already, so I shut the TV off, but anyways, I found a case that came out yesterday from the UK looking at how far a regulator can go to regulate off-duty conduct. So, the definition, really it's self-explanatory. It refers to conduct off-duty in one's private life. It begs the question, really, of whether you can ever take your proverbial hat off as a professional. Because if there's one thing that America has taught the world in the last five months, is that the world can be tipped on its axis in 140 characters or less, #covfefe. The point being, the ability to engage in off-duty conduct on a stage in front of hundreds, thousands, maybe more, is now a reality and every board is going to be faced at some point, with somebody who brings the profession unwanted attention and possibly brings them into disrepute. And I actually have a case study on that exact point that we'll get to. So, conduct unbecoming is a term that many boards use when they're looking at off-duty conduct. The precise wording of the way in which this term is defined varies across professions, but generally, conduct unbecoming refers to conduct that is contrary to the public interest or conduct that harms the standing of the profession in the eyes of the public. Those boards that do not have a conduct unbecoming clause often have some other clause that is intended to capture relevant off-duty conduct. So, it's a catch-all phrase and it's a broad one in that it can catch conduct that happens within the profession, it can also capture conduct that happens outside of the profession, in private life. Interestingly, this is not meant to capture negligent actions. It's meant to capture things that have a degree of intentionality to them. The terms dishonorable and disgraceful often accompany the definition of conduct unbecoming. And usually, it involves conduct that has some degree of moral turpitude. And on the note of intentionality, it can be relatively minor, but if that minor action has the effect of damaging the reputation of the profession then it can be captured by most boards' off duty-conduct provision. Now, I said athletes are low-hanging fruit for off-duty conduct, attorneys are number two in terms of that. And just one simple case out of British Columbia in Canada, a lawyer who got into an accident while impaired, before the police arrived, he gargled some mouth wash, he got rid of the open beer can and what got him into trouble with the Law Society wasn't the impaired driving. It was the conduct of obstructing the investigation of the impaired driving. So, the mouthwash and the beer were relatively minor acts, but they had the effect of damaging the administration of justice, which lawyers are under a duty to uphold. And so that person was sanctioned not for the impaired, but for the cover up. And I have to say, I spent 14 years as a criminal defense attorney and when I read about this case, I was so relieved that I'm not doing that anymore. Those guys would sit across the desk from me and tell their story, "Yeah, I just wanted to have fresh breath for the police." Or, "I wanted to clean out the car." I'd say, "Try again." So, just a look around the world at how other people have defined this, Doctors in the UK have actually tried to put some specificity to what can constitute off-duty conduct that is sanctionable. And so, they call it conduct derogatory to the reputation of the profession. So, personal misuse or abuse of alcohol or drugs, dishonest behavior, indecent or violent behavior. So, think about the breadth of that for a second. These are specific areas of personal behavior that could be subject to a professional misconduct hearing. So, even with these specifics, it still leaves open a lot of questions. So, for example, what if a doctor didn't declare all his income on his income tax? Would that be conduct derogatory? What if a doctor didn't pay his child support? Would that be conduct derogatory? What if a doctor was convicted for impaired driving just once? Would that qualify? What if it was multiple times?

So, even in the attempt to define it, it does leave open some questions, which is why I'm going to try and look for some common threads that you can take back with you because it raises the question of how far into a member's private life can a board go and how far should a board go? So, being a medical doctor, like being a nurse, is a trust-based profession. You're dealing with vulnerable people in vulnerable situations, so there has to be a trust base between the profession and the member and the public. Obviously in the nursing profession, nurses are going to learn very intimate and private details. And patients are going to allow themselves to be examined, sedated, anesthetized and honesty and integrity, therefore forms a fundamental basis of that relationship. And that's why I think that the doctors in the UK have this honesty and integrity provision that seems to apply not just in the doctor-patient relationship, but generally speaking. And I'll get to that case that I read last night where that provision was challenged for being outside the jurisdiction of a professional body in the UK and the court upheld it, said that they can go that far in terms of the regulation. So, compare that to Registered Nurses of Nova Scotia. There they have a specific conduct unbecoming head of professional misconduct that is defined as "Conduct in a members personal or private capacity that tends to bring discredit upon the nursing profession." In this legislation, that conduct unbecoming is specifically carved out to look at off-duty conduct. So, you can see this common thread developing in the UK and Nova Scotia where off-duty conduct that is damaging to the trust and integrity of the profession can constitute professional misconduct. In Ontario where I'm from, conduct unbecoming is not ahead of misconduct, but when you look at the case law, they clearly regard off-duty conduct as potentially subject to professional discipline proceedings. And the common thread there is that it looks at whether the off-duty conduct relates to the suitability to practice. So, in that case, there was a nurse that was caught for shoplifting. The college of nurses there looked at that and said, "That goes straight to trust and trust goes straight to the heart of our profession and as a result, we view that as relevant to the suitability to practice." And the nurse was actually suspended. I picked a couple State Boards of Nursing to look how they look at off-duty conduct. Alabama has an interesting provision including as a disciplinary offense any conduct detrimental to the public's health, safety, or welfare. So, query what this might capture in terms of off-duty conduct. What about a Facebook post, for example, that says, "You better watch your back."? Might that be captured by this provision, that kind of threatening behavior? Should it be captured by this provision? We're going to get to an interesting study done on how rude behavior can affect the medical team's ability to perform. And so maybe that's what this is getting at if it's looking at off-duty conduct. Pennsylvania has a provision that includes as a disciplinary offense conduct where the licensee has acted in such a manner as to present an immediate and clear danger to public health or safety. So, this would likely also capture off-duty conduct, but would require a much clearer line to be drawn between the conduct and how it presents "an immediate and clear danger to the public." The American Bar Association Manual on Professional Conduct makes it an offense to engage in conduct that is prejudicial to the administration of justice. Now historically, this was aimed at conduct between lawyers and vis-a-vis lawyers and witnesses, but it has been applied outside of that genre and is now applied to conduct that is uncivil or undignified in one's private life, whether it's related to the legal practice or not if it would be prejudicial or contrary to the administration of justice. So, the easy example is the mouthwash and the beer can. So, what are the common principles here? Well, if off-duty conduct brings the profession into disrepute, if it's prejudicial to your public interest mandate. And if there's a nexus between the off-duty conduct and the ability to practice. Those types of things will make off-duty conduct relevant and potentially subject to a professional misconduct hearing. The question you should ask yourselves is "What will the headline look like if we do not take any action?" And we'll look at a case study very shortly where the regulator chose not to take action and it had ramifications in the media and reflected very poorly on that regulator for a period of time. We'll also look at another case where the

decision to take action on off-duty conduct had the same effect, resulted in some very negative press for a regulator. So, the question really is, "Where do we draw the line?" And there's no clear cut answer on this. It's a case by case and depends on the profession, the jurisdiction, the reputation. But these ideas of the reputation of the profession, the risk to the public, and the ability to practice and serve as useful guides. And of course, off-duty conduct that attracts attention is an evolving concept. An easy example of that is the way society now looks at impaired driving. At one time, it was a fun party story and now it's conduct that can land you in jail. And that evolution of the way society has looked at conduct is happening in the same way in the professional regulation world. And in my view, we're seeing increasing regulation of professionals when they're off-duty in part because we now have the ability to be in the spotlight so much more easily simply using our phones. And that can have an impact on the profession and thus, on the public interest mandate of a regulator. But, it still has to relate somehow back to the profession, it's not every piece of off-duty conduct, no matter how distasteful it might be, that is deserving of sanction. So, take for example, an accountant who's charged with making harassing phone calls to a former girlfriend, causing a disturbance at her house. This is a purely domestic issue and it may not attract discipline. Arguably, does not impact on the reputation of the profession or that accountant's ability to practice. But what if we take the same scenario, but it's a psychologist who is engaged in anger management counseling and relationship counseling charged with the same offenses? Well, that you can draw a direct line back to the ability to practice and that type of off-duty conduct then maybe subject to sanction. So, let's get into our first case study. First case study is a real case about a teacher. High school teacher hires a local female teenager, 16 years old, to babysit his three children. The teenager was a neighbor and not a student at the teacher's school. The teacher began sending flirtatious text messages to the teacher...or, to the teenager. Teenager's mother discovered the text and reported it to the teacher's employer. So, some examples of the text messages that were sent, "I'm feeling a little naughty, what can I do?" And, "I'm going to rest, can I think about you, please?" Would you say that this is conduct unbecoming? So, you've got three choices, yes, no, and it depends and I'm going to make you vote. Don't be afraid to put your hands up. Who says, "conduct unbecoming?" Get the hands up. Wow, let's see if there's any hands up on the no. Nobody brave enough to say no. There's probably an "it depends" out there. Okay, so conduct unbecoming? No. And that's not necessarily the correct answer, but that's what happened somewhat surprisingly. And in terms of the reasoning, the teacher actually was screened before discipline. And the view was that the student wasn't his teacher. I'm not sure I agree with that, that that matters because it certainly would impact his judgement in the classroom, one would think. But he was actually given a caution and a reprimand at the pre-discipline stage, which kind of takes away from my next slide which, "What's the penalty?" Now that I've told you what it actually was, we don't have a right answer. But out of curiosity, you've all disagreed with what happened, so your discipline committee said, "Look, this is professional misconduct." What do you do? Is this a reprimand, suspension, or revocation? Let's go just straight reprimand. Okay, we've probably got at least half. Suspension? That accounts for almost the other half. Anybody say, "This guy's got to go?" Revocation. A few. So, as I said, it ended up being a reprimand, but it wasn't a reprimand at the discipline stage, it was a reprimand at the investigation stage which for that particular regulator, wasn't a publicly reportable event initially. It eventually became so because of other problems he had, not surprisingly. Okay, so the next case study. A nurse has sexually deviant thoughts about teenage girls. He seeks regular counseling, journals his thoughts as part of his therapy. He's separated from his wife, he has access to their 13 year old daughter every other weekend. If this individual's sexual deviance included thoughts and desire to wear teenage girls' underwear, question, if the contents of his journal came to the regulator's attention, should the college refer this to discipline? And again, in Canada we call them colleges. Here it would be, "Should the board refer this to discipline?" So, who says this

should go to discipline, yes? Not a lot. I see one or two. Okay, that means if everybody's actually participating here, I should see a lot of hands, who says, "No, should not go to discipline?" All right, so, interestingly, this did not ultimately proceed to discipline. All of you in this case, as opposed to the last one, agreed with how the regulator determined it. The journal was done for therapy purposes and unrelated to the practice of nursing and many inferences could be drawn from the journaling which is a creative endeavor and not necessarily an intention to harm anybody. All right, so next case, doctor case. Doctor leaves bullets on the driveway of his ex-spouse. Honestly, this is why I love talking about off-duty conduct because you can't make this stuff up, that's exactly right. So, doctor's charged with uttering death threats. The charge is withdrawn when the doctor agrees to a restraining order. And just to give you a little but more background before we get your decision. A report to the regulator from a forensic psychiatrist stated that the recent criminal charges highlight the fact the doctor's personality-based problems remain potentially problematic and should remain an active concern. Without restrictions imposed by the regulator, he remains at an elevated risk in medical practice. That's from the board's own forensic psychiatrist. Now of course, their member had a defense. And you can't make this stuff up. He said that he didn't throw bullets, he threw Easter eggs on the driveway for his daughter to find. Again, I'm so happy these people don't sit across the desk from me anymore. Now apparently, his daughter's Easter eggs are made of shell casings and gun powder because the bullets found on the driveway actually matched bullets seized from his house, but anyway. Is this conduct unbecoming? Who says yes? So, my hand was up with you. Who says no? Anybody say no? I saw one kind of half hand. Are we unanimous? Yes? All right, well, here's what the regulator did. No. You want to ask yourself what the consequence is when you say no to the bullets on the driveway, not being subject to a disciplinary hearing or not being professional misconduct? You get this headline, and this ran in the Vancouver Sun, "BC doctor accused of leaving bullet shells on ex-partner's driveway. Still seeing patients. Provincial Regulator says, 'Charges against Dr. Patrick Nesbitt unrelated to the practice of medicine.'" So, this is a cautionary tale when deciding how you deal with off-duty conduct. Now, when this article ran, a spokesperson for the regulator said that, "Well he spoke to the member about the 'troubling' bullet shells incident. They concluded it was being dealt with by the courts and was unrelated to the practice of medicine." In a comment to the media when the story broke, another college spokesperson said, "The college has acknowledged that Dr. Nesbitt's behavior is very troubling and his misdeeds are embarrassing to the entire profession." So query whether given that view, the spokesperson at least would have viewed this conduct as professional misconduct. I'm not sure how they arrived at that decision, but again, you have to consider how it's going to look with your public interest mandate when you make a decision whether to refer something to discipline. Just interestingly, just to show that you can bet a horse on its history, about a year later, this doctor posted on Facebook and a website he created about his ex-girlfriend. Things such as his girlfriend is in a relationship with a married gardener and was involved with an Egyptian male prostitute until he got deported. He also said on this website that his ex-girlfriend was not good at long-term relationships. Yeah, she's the one that's not good at long-term relationships. And his ex-girlfriend had a girlfriend who was a pedophile. He was successfully sued for defamation, but get this. Ask yourself, "Do you think the regulator learned their lesson and took action on that?" No. Anyways, I will stop. I'm sure that next time around they'll get it right. Which brings us to the perils of social media. I had an interesting conversation this morning with somebody from the California State Board for Registered Nurses, and he said to me that the technology type misconduct is quickly overcoming everything else. And I can see why that is. Because we all have access and we can all do it on a stage that we could never do it before. You could do it right now, tweet out your press release and suddenly, you find yourself in peril. Our private lives are now exposed in a way they never were before. And it's virtually impossible that everybody in this room will not be confronted with this

issue at some point. A recent study interestingly in England found that at least, there were at least 23 incidents in the past 12 months where hospital staff, including nurses, openly discussed patients with colleagues, friends and family on websites such as Facebook. All right, 23 in the last year in England. Now, they've got a fairly big population base, but you would hope that that number would be zero. In a shocking case, one...all I know is it's a medical worker, so I can't say what profession they were in, took a picture of a patient and circulated it on a social media website. So, the problem is, your snap judgment decisions that are bad in the past wouldn't necessarily come to light, they do now. So, the next case study involves...it's a very controversial one involving a social media post. So, a nurse posts the following on Facebook after her grandfather dies in a nursing home. And just out of curiosity, is anybody here from Saskatchewan? There are a few, okay. So, you'll be very familiar with this case. It's interesting the way it played out and I'd be curious to hear your thoughts after. So, I've got the Facebook post here. "My grandfather spent a week in palliative care before he died and after hearing about his and my family's experience there, it is evident that not everyone is up to speed on how to approach end of life care or how to help maintain an aging senior's dignity. I challenge the people involved in decision-making with that facility to please get all your staff a refresher on this topic and more. Don't get me wrong, some people have provided excellent care, so I thank you so very much for your efforts, but to those who made grandpa's last years less than desirable, please do better next time. As an RN and an avid health care advocate myself, I just have to speak up. Whatever the reasons, excuses people give for not giving quality care, I do not care. It just needs to be fixed and now. Why do you do your job? Do you actually care about the people you care for? Or is it just a job with a paycheck? If so, maybe it's time to take a step back. Either way, I just want people like my grandfather and everyone else in that facility to be treated well, always." Now, I don't know if the all caps part was what pushed this over the line, but this became very controversial and the matter actually was referred to discipline and went to a discipline hearing. So, knowing that people are in the room here who are intimately involved, you guys don't get to vote. How should this matter proceed? So, you've got four options here: resolve without a discipline hearing, reprimand and a fine, suspension, or revocation. So, let's start with one. Who would say it should proceed resolved without a discipline hearing? I see most of the room. Reprimand and a fine? I'm guessing I don't need to ask the last two. Anybody hear such a huff that they would suspend or revoke? Okay. So, there's what happened, it did go to discipline. It was a reprimand and a fine. It was a \$1,000 fine, \$25,000 in costs and reflective essay. Well, so I'm hearing a reaction in the room that people are somewhat disturbed by the result and I make no comment one way or the other on whether that was the right result, but it did have a blowback for the college of nurses there. This was the headline in The Globe and Mail, Canada's national newspaper. "A preposterous injustice. Grieving nurse slapped with a \$26,000 fine." Critics called it a Kafka-esque decision. And although the nurse identified herself as such, critics pointed out that she was not making the comments in her capacity as a nurse, but in her personal capacity as an aggrieved granddaughter. She did not name names, she didn't point fingers at specific individuals and decisions like this, critics said, can stifle vigorous debate that is necessary to better the care of others. On the other hand, the discipline committee decision that found her guilty of professional misconduct said that she used her position as an RN, as a registered nurse, to lend credence to her critiques which were done through social media instead of through the proper organizational channels. And they said, "It was that use of your title that elevated this from something that was done in your private life that doesn't get sanctioned, to something that was done in your professional life." So, it's a very interesting decision in terms of both the decision that was made at the discipline level and...just to relate it back to Kathleen's presentation, this happened in Canada, but had this happened in the States, that person would now be on the databank that Kathleen discussed. It would also have, as Kathleen pointed out, the notice of appeal piece on it because the nurse is appealing. There was actually a

GoFundMe campaign to cover the \$26,000. It was covered and she is seeking judicial review of the decision. So stay tuned. Perhaps if I get to come back next year, I'll have the result of the judicial review. So, I guess this begs the question, now that we've looked at these case studies, why do we care? Why do we care about what people do? If the nurse is a good nurse in the hospital or in whatever setting they're in and they're doing their job and the patients are happy, why do we care about what's happening outside? I found an interesting study from the Journal of Pediatrics from November of 2016. And they actually sent in actors who were purposefully rude and examined the effect on the medical teams. And the actor parent would say things like, "I knew we should have gone to a better hospital where they don't practice third world medicine." And as it turns out, rude, disrespectful, or insolent behavior can have a real effect on patient care. The patient care teams, which included doctors and nurses, actually performed at a lower level from simple rudeness and impoliteness like that. A similar study done by the same journal dealt with the senior doctor being purposefully rude and it had the exact same effect on performance which I found fascinating. And maybe that is why we care about behavior outside of work that may demonstrate you're the type of person who will be difficult inside of work. Because it actually has a real effect and if we're there to protect the public, in this case, the nurses should be performing at the top level as much as possible all the time. And if somebody within that group can actually debilitate performance, well that matters. So, why regulate it? Oh, actually, sorry. This is the slide I inserted, that's why I wasn't ready for it. So, this case came out yesterday in the UK and it was against the pharmaceutical regulator in England. And what happened was, it wasn't a challenge brought to their legislation based on somebody's conduct, it was actually a challenge to say, "You, regulator, shouldn't be able to regulate the way you've just said you're going to because it's outside of your jurisdiction. So, the standards that they had for pharmacists included, show respect for others, treat people politely and considerately, act with honesty and integrity to maintain public trust in your profession, meet accepted standards of personal and professional conduct. So this was challenged by a group of pharmacists called The Pharmacists' Defense Council. They said, "This is outside of your jurisdiction, regulator, and you shouldn't be able to reach this far into my private life." And the court said, "No, you can. They have a public interest mandate. This is not too vague, and this is not unrelated to that public interest mandate. And you can, regulator, have standards that reach that far into someone's private life, meet accepted standards of personal and professional conduct." And I have no doubt that in the background for the pharmacist, and probably that's even more so for the professionals that the people in this room deal with, with nursing, that that attitude at any point in your life matters because it matters within the workplace because it can debilitate performance. So, that's why we regulate off-duty conduct. It really comes back to your public protection mandate. And it's risk management because there are risks to the public, there's a risk to the regulator, and there's a risk to the individual themselves. And those things need to be considered in determining how you handle conduct that comes to light from a person's private life. Because as we've seen in these case studies, if it's not handled in a way that protects the public and diminishes the conduct, it can have consequences that none of you want to deal with. By the same token, if it's handled in a way that is over broad, it can also have a certain amount of blowback. So, you need to think about accountability, public confidence, transparency, and fairness. So, how does that relate back then to the front end? If we know that a person's private life matters as a professional and that's why all of you are going to have to make decisions at some point as to how you deal with what happens in a person's private life at the board level, should we be looking at that earlier? Should the question of whether off-duty conduct...should the question that off-duty conduct matters, but it matters now, did it matter before? Does conduct that would have affected the reputation of the regulator if the member had been a member at the time of the conduct prohibit that person from becoming a member? Is there a concept of rehabilitation from past off-duty conduct that could allow qualification for membership

notwithstanding that the conduct would have created a total bar had they been a member? Are character traits evolving or are they unevolving? In criminal law, there's an idea of rehabilitation, so you can be pardoned and when you're pardoned, it means that you now stand before the law as if that conduct hadn't taken place. You can not be discriminated against because of that past behavior you've now been pardoned. But, what about in the professional regulation context? Interestingly, a case in New Zealand took a look at that. And in New Zealand, they said, "Look, there's a very, very high threshold to show that your conduct has changed." The case is, in case you care, "Council of the New South Wales Bar Association vs Franklin" from 2014. And the judge there said, "Reformations of character in a behavior can doubtless occur, but the occurrence is not the usual, but the exceptional thing. One cannot assume that a change has occurred merely because some years have gone by and it does not prove that anything of a discreditable kind has occurred. If a man has exhibited serious deficiencies in his standards of conduct and his attitudes, it must require clear proof to show that some many years later, he has established himself as a different man. In such cases, it has been frequently said that heavy onus lies on the applicant." So, this crystallizes in the very difficult question of how a person's past conduct and the timing of it impact on the person's character today? And that's the question that, looking at entry to practice, when you're looking at entry to practice, you have to answer. But, I'll leave that for another time. Perhaps next year's if I was lucky enough to come back would, be "Can I Please Get My Hat back?" And look at whether off-duty conduct should affect your ability to reinstate or to allow somebody into the profession. Thank you again for having me. This has been a great conference to be a part of and I'd welcome, if we have any time, questions, but we may not. I got...Thank you. [applause] Anybody have questions? I have 26 seconds left. [laughter] - [Participant] Hi, thank you. In 26 seconds, I'll try to do this so you have enough time to answer. But I, as a defense attorney, am really concerned when nursing boards don't look at the entire context of what happened and I just wrote an article for AGN about that Saskatchewan case and I can get information from the reporters, I can get information from the licensee, from defense council because they're all in the position to talk about it. But the college isn't going to talk to me. The regulatory agencies don't have that luxury of being able to discuss a case. So I know that there may be a much bigger context to this story that we don't have and I'd like to know what the reporters didn't catch and what the defense council didn't catch. And that there's always two sides to a story, I'd like to know from the regulatory standpoint the other views that we didn't get from those people. - And you know, I agree with you 100% and it's why the case on its face from Saskatchewan looks egregious. Having said that, the reason I don't take a position on it is for that exact reason. We don't know what else is going on and you as regulators are at a real disadvantage in the public eye because you can't step up and say, "Hey, this is why X was done." Theoretically, your discipline committees are independent of you anyway, but you are in a very difficult position and any route that you have to answer that can only be done through the appeal process. And that's why your decisions at the front end are so critical in terms of off-duty conduct, especially because you're not going to have the ability to go back and say, "This is why this happened." So, that's an excellent point, we don't know everything that was involved in that case. The case is out there to read, but quite frankly, there are significant parts redacted and no case captures everything. So, I don't know if that answers your question, but it does tell you how critical it is to get it right at the very start. Any other questions? My timer says zero, I assume that's infinite now. - [Host] Well, Thank you very much, Robin. [applause]