



**Banning conversion “therapy” in Canada: The expanding role of forensic psychiatry in advocacy training**  
**L'interdiction de la « thérapie » de conversion au Canada : le rôle croissant de la psychiatrie légale dans la formation à la défense des droits**

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## Banning conversion “therapy” in Canada: the expanding role of forensic psychiatry in advocacy training

### L’interdiction de la « thérapie » de conversion au Canada : le rôle croissant de la psychiatrie légale dans la formation à la défense des droits

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## Introduction

Conversion “therapy” (CT) is any attempt to change an individual’s sexual orientation, gender identity, or gender expression. CT, therefore, is not a form of therapy at all; it targets the 2SLGBTQ+ population for erasure.

On October 1<sup>st</sup>, 2020, Bill C6 was introduced to the Canadian House of Commons (CHC) to amend the Criminal Code of Canada (CCC) to ban CT.<sup>1</sup> Bill C6 was passed on June 22<sup>nd</sup>, 2021; however, 63 Members of Parliament (MPs), all members of the Conservative Party of Canada (CPC), opposed the bill. With the dissolution of Parliament, Bill C6 died on the Order Paper on August 15<sup>th</sup>, 2021, and CT remained legal in Canada.

In July 2021, the primary author, a Child and Adolescent and Forensic Psychiatrist initiated a federal petition. Legal and medical experts were consulted to inform the petition, which called upon the CHC to: 1) Ensure the word “therapy” was placed in quotations whenever CT was referred to; 2) Establish mandatory training for MPs concerning the wellbeing of 2SLGBTQ+ populations; and 3) Ensure all MPs created “safe spaces” for 2SLGBTQ+ individuals in their offices.

The petition was circulated through medical education organizations (e.g., Canadian Queer Medical Student Association). Queer in Psychiatry (QuiP), a community of

practice at the University of Toronto, held a virtual event highlighting advocacy for 2SLGBTQ+ rights in Canada.

The petition gathered hundreds of signatures but was suspended following the dissolution of parliament. The petition was re-started in September 2021 with an additional item: an immediate ban of CT.

In December 2021, the CHC and the Senate of Canada unanimously passed Bill C4, an act to amend the CCC to ban CT.<sup>2</sup> The Bill was “fast tracked” with support by all members of the CPC, including those who had previously opposed Bill C6. Between August 2021 to December 2021, CT had drawn significant media attention and sitting MPs were aware of the pending petition, due to be tabled in early 2022.

This process highlights the role Forensic Psychiatrists play in advocacy and the extent to which they can contribute to advocacy training across medical education.

### Forensic psychiatry and advocacy: an ethical debate

Forensic Psychiatrists provide opinions regarding the impact of mental health upon legal processes. The role of advocacy in Forensic Psychiatry has been subject to significant debate; Forensic Psychiatrists may be perceived as displaying bias should they engage in advocacy-based projects.

Candilis and Martinez explore the evolution of forensic psychiatric ethics.<sup>3</sup> They indicate, “Obligations to vulnerable persons and values underscore the proper

ethical balance between forensic practitioners and institutions that are demonstrably unjust.” As such, it has been argued that there is an ethical responsibility for Forensic Psychiatrists to advocate when legal and/or medical processes contravene the rights of others.<sup>3,4</sup>

#### Forensic psychiatry: involvement in advocacy education

Forensic Psychiatrists should actively engage in advocacy for two key reasons. Firstly, forensic psychiatry is uniquely situated to support the development of advocacy related skills as this relates to the intersection between law and medicine.

The Royal College of Canada defines health advocacy as having the ability to “support the mobilization of resources to affect change.”<sup>5</sup> Thus, Forensic Psychiatrists are also uniquely qualified to train medical practitioners in advocacy involving legal processes.

Secondly, the role of health advocate is a CanMEDS pillar and describes the physician’s ability to respond to the needs of others, including marginalized populations.<sup>5</sup> Advocating for legal and medical rights should be incorporated into advocacy training in medicine. Furthermore, we argue this should be a required component of subspecialty residency training in forensic psychiatry.

## Conclusion

Forensic Psychiatrists can play an active role in the development of advocacy related skills in medical trainees. They are uniquely positioned and tasked with furthering collaboration with legal experts to advocate for change and protect the rights of others.

Forensic Psychiatrists are uniquely trained to identify the manner in which certain forms of “therapy” may actually cause harm in “institutions that are demonstrably unjust.” Through collaboration with legal experts and community partners, we were able to organize a movement that

actively engaged medical students across the country. This enhanced their understanding of how physicians can engage as health advocates, and how political advocacy can potentiate change on a national level.

**Conflicts of Interest:** The authors have no conflicts of interest to declare

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