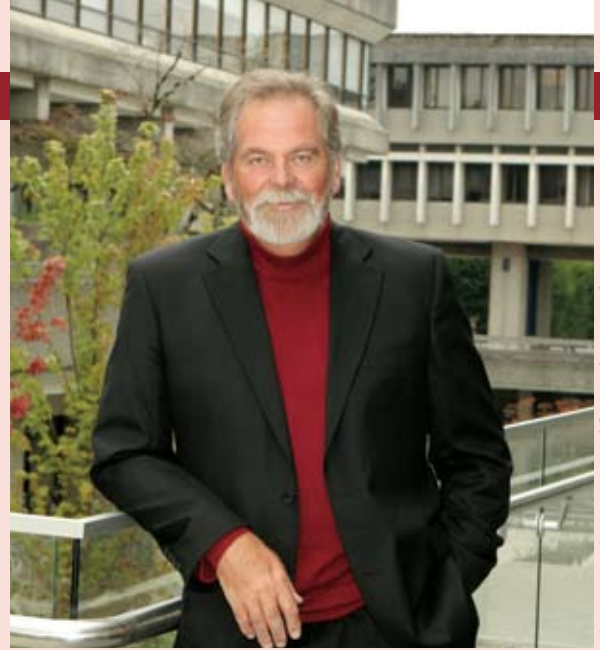


Rob Gordon is Making a Difference for the People of British Columbia

Photo Credit: www.wildmanphotography.com

Dr. Robert Gordon is a Professor of Criminology and the Director of the School of Criminology at Simon Fraser University.

He is also an Associate Member of the Department of Gerontology and Chair of the Gerontology Research Centre Steering Committee. His work includes indepth research into youth justice and youth crime, street gangs and criminal groups; the law relating to children and youth, including health law issues; and the law relating to adult guardianship, adult protection, and public guardians and trustees.

From 1993 to 2000, Dr. Gordon was Director of the Greater Vancouver Gang Study and from 1991 to 2005 was a member of the British Columbia Interministry Committee on Youth Violence and Crime. He was one of the drafters of the province's adult guardianship and substitute decision-making legislation and has been involved with the implementation of that legislation since 1993.

He has also provided adult guardianship law consultation services to several Canadian jurisdictions, most recently Yukon, and is a member of the BC Attorney General's Working Group responsible for implementing the recently revised adult guardianship and incapability planning legislation.

In Conversation with Val Wilson

The Scrivener: Good morning, Rob. I understand your early career was in policing. Let's talk about that first.

Dr. Gordon: I started as a London Bobby, then worked my way through various aspects of policing. I went to Hong Kong, ultimately as an Inspector, and moved on to Australia where I was with the Victoria State Police for a number of years. At that point, I shifted gears and went to university in Melbourne and ended up studying social sciences, criminology, and law. I worked for one of Australia's first community law centres. I was a latecomer to academia and didn't really start focusing my efforts on scholarly topics until my late 20s.

It was one of those cosmic moments where the planets were aligned—and it's very hard to explain. As I went through the university process, which is always challenging, I experienced a process of personal change.

The Scrivener: Why did you decide to return to school?

Dr. Gordon: Well, disillusionment, and a desire for answers to a thousand questions that had been posed as a result of my years of experience in policing. It was one of those cosmic moments where the planets were aligned—and it's very hard to explain. As I went through the university process, which is always challenging, I experienced a process of personal change. I grew a beard and shaggy hair, and wore beads, sandals, and bell-bottom jeans. I fitted perfectly into the environment of universities in the early '70s.

I worked for the Fitzroy Legal Services for several years. We were quite a radical bunch and thought we could change

the world by offering legal services free of charge to the poor, as well as pursuing social reforms through test cases. We all earned next to nothing, but it was a revolutionary period. This service operated out of the basement of the town hall in Fitzroy, an inner suburb of Melbourne. Fellow students from Melbourne and other universities gathered there to deliver legal services to the poor. It was a very interesting period.

At some point during that process, I acquired a job as a Tutor in Legal Studies at La Trobe University, one of the universities in Melbourne, and decided I would pursue an academic career of some kind. I couldn't see myself practising black letter law and spending my days drafting Wills and contracts.

In my graduate studies, I was very interested in delivering legal services to people in institutions. The Fitzroy Legal Services had a weekly law clinic in one of the big prisons in the Melbourne area. A couple of us would

go out there to assist prisoners with their legal needs.

Then, by pure happenstance, we discovered a huge unmet legal need in the psychiatric hospitals and started to explore the idea of having a regular legal service operating in a psychiatric hospital in Melbourne. It is old-hat now, but it was incredibly radical at the time.

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Then I decided it would be interesting to study in Canada. Legal services were being offered to psychiatric patients at Riverview Hospital in Coquitlam and other places in North America and I wanted to see how that was working.

The Scrivener: What year was that?

Dr. Gordon: That was '79. I came here on a Commonwealth Scholarship, quite a prestigious scholarship, to do graduate work at Simon Fraser in the then-Department of Criminology.

I did the research and wrote an MA thesis on the delivery of legal services to mental health patients. The idea was that I would then take all that knowledge back to Australia and facilitate the delivery of legal services operated by Fitzroy Legal Services, thinking the model might also apply in Sydney and other cities in Australia.

Well, I went back, delivered the material, and stayed for a little while, then came back to Canada to do a PhD at UBC. I had had a variety of research job offers here. I've always maintained contact with the folks at Fitzroy Legal Services and a number of the principals with whom I was involved at that time. I can report that we have all abandoned our beads and bell-bottoms.

LAUGHTER

The Scrivener: What studies did you pursue for your PhD?

Dr. Gordon: My doctoral efforts at UBC comprised an indepth study of the social and legal history of mental health law in Canada. While I was doing that, I stumbled into the area of aging.

Aging had become a strategic issue for the Canadian federal government. I saw an opportunity to shift my interests into the whole area of aging and the law. I did a huge report called "Standing in Their Shoes," a study of the adequacies and otherwise of the law in Canada that related in particular to the guardianship and trusteeship of seniors.

Because I was connected here at SFU as a research associate and teaching as a sessional instructor, the opportunity arose to secure a faculty position. In 1985, I was hired as a junior faculty member by the School, which I think was an extremely wise decision on their part.

LAUGHTER

I eventually became an Associate Professor, then the Undergraduate Director, then the Director of the School and a Full Professor. I learned a lot from the then-Director of the School Margaret Jackson, as well as Simon Verdun-Jones, who was very skilled in negotiating the maze that is this University. I found the late Ellen

I arrived in this chair by a combination of happenstance, recognizing and following a variety of opportunities...

Gee, then Chair of the Department of Sociology, to be quite inspirational.

I arrived in this chair by a combination of happenstance, recognizing and following a variety of opportunities, and a commitment to seeing this School grow and flourish as a major contributor to the field of criminology, internationally.

The Scrivener: Please tell us about SFU's School of Criminology.

Dr. Gordon: Criminology is an interdisciplinary activity. We have people at SFU from seven or eight areas of disciplinary inquiry, brought together under the big tent that is the School. And it's going to get bigger.

Within the School itself, a number of initiatives are unfolding in keeping with our diversification and growth plans. The School should be viewed as a true interdisciplinary, collegial environment. We welcome people who want to work in the School regardless of their particular perspectives, providing they're active, collegial, and tolerant of different opinions.

As a general strategy, I'm interested in careful diversification and the recruitment of excellence. Happily, we are moving in that direction, partly because of the opportunities that have arisen. The most recent example of that is the whole issue of cyber crime. It's probable that we'll be opening a centre for cyber crime here in the

next few months. That huge area of criminological inquiry is underserved and we hope to be at the leading edge of that field of study.

The Scrivener: How large is the enrollment in the School of Criminology?

Dr. Gordon: There are 2000 beating hearts right now taking first- and second-year courses. We have between 700 and 800 majors and minors and honours students—people who have been formally admitted to the School, which occurs at third year. We're spread across the Burnaby campus and the Surrey campus and we have a very large distance-education program. In fact, you can take an undergraduate degree entirely by distance education. It's a combination of paper and online learning.

The Scrivener: Does SFU still have a campus in downtown Vancouver?

Dr. Gordon: We do have a presence down there. What the University has done, and I think very wisely, is to have entire departments located down there, like Gerontology.

The Scrivener: How large is the Surrey campus?

Dr. Gordon: In terms of students, several thousand—and it has only been open 18 months. Opening the Surrey campus was an extraordinarily wise decision. SFU has a really significant beachhead on the south side of the Fraser River. I think the enrollment levels have surprised a lot of people.

The School of Criminology is certainly planning to continue to expand there, not only in our general courses, but in specialist areas such as police studies, the centre for cyber crime, and a number of other areas that we have up our sleeve.

The Scrivener: Please tell us about your longstanding relationship with The Society of Notaries Public of BC.

Dr. Gordon: In 1989 there was a meeting organized by what is now the BC Association for Community Living, with half-a-dozen people representing different organizations with an interest

in adult guardianship law reform. Within a few months of that meeting, BC Notaries had become involved; they had a vested interest in the Power of Attorney aspect. Stan Nicol, Secretary of the Notaries at the time, began to attend the meetings. The BC Notary Foundation helped support the project during the early years and invested significantly in the project.

As is often the case, you network with people around a range of issues. At some point, I had a conversation with your current Secretary/Executive Director Wayne Braid about the need for higher education for BC Notaries. Again, it was an opportunity . . . the opportunity for SFU through Continuing Studies to be involved in some way. Our interest and our ability to offer programs coincided with Wayne's interest in creating higher education opportunities for Notaries. Every profession has a body of knowledge distributed through universities, one way or another. I attended a few of The Society's annual meetings to present this topic to the Notaries.

The content of the courses, I can assure you, will be at a graduate law-school level.

The Scrivener: The Society is looking forward to having the first class of Notary students enter the new Master of Arts degree in Applied Legal Studies (MAALS) in the Fall of next year, 2008. I understand 23 candidates are already poised to enroll. Please tell us about the degree.

Dr. Gordon: The program will be formally situated at the Surrey campus. The content of the courses, I can assure you, will be at a graduate law-school level. BC Notaries will in effect be taking a portion of a law degree through us. It will be very much an online distance-education type of program. The face-to-face classes will be held either in Surrey or at the downtown Vancouver campus.

We have made a commitment to initiate this MAALS program. We

will learn a lot from the first year and will likely apply the model to other professional MA programs in the University that have their eyes on what we're doing with BC Notaries. It's leading-edge stuff.

In conjunction with Wayne and others in The Society of Notaries, we have designed a model program through a model partnership. I believe it will prove to be of tremendous benefit to The Society, especially long term.

The Scrivener: The Society is certainly excited about this new partnership. Rob, what has been your involvement in the efforts to reform adult guardianship legislation?

Dr. Gordon: I became involved in the early '90s—deeply involved. I went around the province doing consultations as a member of the Adult Guardianship Working Group, a community-government team. After we produced a report, I was basically asked to sit on the drafting team by the then-Attorney General and the Public Trustee. I had a unique opportunity to observe and participate in the process of developing this huge package of legislation.

Other members of the team included Claire Reilly, senior legislative counsel; Gerrit Clements, the health law specialist in the Ministry of Health; and Fiona Gow, a lawyer working for the Legal Services Department of the Ministry of the Attorney General. Fiona and Gerrit have subsequently stayed with the project and I count them amongst my friends. We have all aged gracefully, in place. One of the things about the guardianship process is that I made so many good friends and continue to enjoy their company. The years have gone by and we have all lived to see this project finally reaching a conclusion.

It was never intended to be a 15-year process. The original legislation was passed in '93. It was supposed to have all been concluded within a couple of years.

The dynamics among the various groups and individuals were quite intriguing. The way in which those dynamics affected the outcomes in

legislation were equally intriguing. I was constantly reminded of Bismarck's observation about the lawmaking process—those who love sausages and have an abiding respect for the law should never see either being made. That said, I think we have a good product in the end, albeit 15 years later

The original plan was to replace Powers of Attorney with Representation Agreements. We have had a further review of the practicalities of Representation Agreements and their relationship to Powers of Attorney. Berty McClean, a professor of law at UBC, reviewed the legislation and came up with a series of recommendations that were discussed and eventually incorporated into amending legislation. There were three attempts to introduce changes that were consistent with Berty McClean's report and that addressed some of the outstanding matters, such as the repeal of the *Patients Property Act*.

The third attempt—Bill 29—was passed in the Fall 2007 session of the Legislature and has just received Royal Assent.

The next step will be putting all of it into force. I would predict that will happen toward the end of 2008, into early 2009. A large number of regulations must be drafted and this will require significant consultation, at least for some of the regulations such as those affecting assessments of incapability. I am part of a group working on those regulations.

The Scrivener: What are some of the changes?

Dr. Gordon: The *Representation Agreement Act* has been changed in some respects.

First, the simple, or standard, section 7 Representation Agreement is virtually unchanged. People with diminished capacity still will be able to make a Representation Agreement with someone they trust—providing that person is going to manage only a small estate or a small number of assets—and only make health care and personal care decisions, other than end-of-life decisions. The essence of that easy-

access alternative to a guardianship order has been preserved.

Section 9 agreements, which were more complicated because you could use them to appoint a representative to manage all your financial affairs, will be changed. You will no longer be able to authorize a representative to manage all your financial affairs. That will be done through an Enduring Power of Attorney. Section 9 Representation Agreements will be focused entirely on personal care and health care decision-making, including end-of-life decisions. They will become what's often referred to as proxy advance directives—directives that have a substitute decision-maker named in them.

...those who love sausages and have an abiding respect for the law should never see either being made.

The Scrivener: Will that be easier to create?

Dr. Gordon: Yes. The financial component has been stripped out so there are fewer concerns about abuse. People who want to appoint a proxy to make health care and personal care decisions for them won't have to go to a lawyer. In fact, the Act amends the *Notaries Act*, enabling BC Notaries to draft Agreements for clients. The intent is to have a simplified way of assisting capable adults to complete Representation Agreements for health care and personal care purposes only.

The Scrivener: Thus there will be two necessary planning documents: the Representation Agreement and an Enduring Power of Attorney.

Dr. Gordon: For the *Power of Attorney Act*, a new Part 2 will focus entirely on Enduring Powers of Attorney and will introduce the same kinds of completion requirements and safeguards you will find in the *Representation Agreement Act*.

The safeguards are bootied up in the Power of Attorney area and reduced somewhat with respect to section 9 Representation Agreements.

The law is saying to people, *Look, if you want someone to look after your financial affairs in the event you become incapable of doing so yourself, do it through an Enduring Power of Attorney. If you want somebody to make health care and personal care decisions for you, do a Representation Agreement.*

The Scrivener: If a person doesn't have a Representation Agreement but has an Enduring Power of Attorney, can he or she write a note to family to say, "This is what I want for my health care"?

Dr. Gordon: Another mechanism is being introduced to support that idea. The third planning option is the advance care directive. It's highly likely that a model advance care directive will be added to the Act. People will be able to copy and use the model directive that will be included in a Schedule to the Act, if they wish.

The idea is for the process to be as simple as possible. It does require some witnessing, as do Wills, *affidavits*, and Powers of Attorney. I think this will meet everybody's needs quite well.

There will be a set of common execution requirements across all these planning documents. You could, if you already had an Enduring Power of Attorney but not a Representation Agreement, simply complete an advance directive giving instructions with respect to your health care. It will not be necessary to go through the Representation Agreement process, unless you want to have a proxy decision-maker.

With respect to the advance care directive, we have built in some significant safeguards. Right from the very beginning, I saw advance directives as potentially problematic because they can get stale-dated and people's ideas—their values and beliefs—change.

The Scrivener: And people fall out with their friends over the years and friends die.

Dr. Gordon: That's right. But we've added mechanisms to ensure that health care providers default to the use of an incapable patient's next-of-kin in the event something is wrong with the advance directive when it is needed. For example, the directive may have been completed some time previously, when the adult subscribed to a particular religious belief but has subsequently adopted a different set of values and beliefs. In the event the adult failed to change his or her advance directive, the Act ensures that a health care provider is not bound to follow directions that no longer reflect the adult's wishes.

In the Act, we've also spelled out that the completion of an advance care directive cannot be a condition for providing services to somebody. There was concern that people were being admitted to care facilities and told *you can't come here unless you fill out one of these advance care directives*. The law now prohibits that practice.

You can't say, "I'm going to deny you this service to which you are entitled unless you complete this

advance directive." It's unimaginable to me that a care facility or health care provider would do that to somebody but, apparently, it's happened.

Notaries will be able to participate in the development of these planning options. The *Notaries Act* will be changed regarding their scope of practice.

The Scrivener: Outstanding!

With respect to the advance care directive, we have built in some significant safeguards.

Dr. Gordon: Another part of Bill 29 is the repeal of the old Part 2 of the *Adult Guardianship Act*—a portion of the *Adult Guardianship Act* passed in 1993 that never came into force. The new Part 2 retains the philosophical commitment to a modern adult guardianship system. It has simplified many of the procedures we were trying

to introduce in '93. It is a streamlined version of the old Part 2.

Everyone seems very comfortable with that. It's based significantly upon the findings of an advisory group; the Attorney General's working group; all 'round attempts to get the legislation through; and a very good document prepared by the Public Guardian and Trustee, which was circulated as a consultation document containing proposals around adult guardianship.

The *Patients Property Act* is repealed, so "committees" will be gone and "committeeship" will be gone. We will be providing for, in our modern lexicon, a *personal guardian* and a *property guardian*. Those terms are becoming standard across Canada.

Legal professionals need to be aware that within the new legislation, the new procedures for court-appointed guardians still will involve making an application to the Supreme Court of BC. It also will become more difficult to appoint a guardian, given all the alternatives that exist. There

will be more scrutiny. It will be easier to get out of guardianship, however, in the event you have a guardianship order made against you.

The duties and responsibilities of a personal guardian and a property guardian are spelled out in the Act, as are procedures for getting rid of or changing guardians. Future editions of *The Scrivener* will set out a number of other important safeguards in this legislation.

The Scrivener: We will look forward to that. What are some of the other changes?

Dr. Gordon: The legislation provides for a new Part 2.1 of the *Adult Guardianship Act*. This provides for statutory guardianship, which means that a property guardian—the Public Guardian and Trustee—can be appointed via a statutorily prescribed procedure, instead of having to go to court.

The *Patients Property Act* contained just two lines to facilitate this process. That was just outrageous. The person was examined by health care providers to determine whether the individual was incapable of managing his or her financial affairs, whereupon the management of the affairs passed to the Public Guardian and Trustee.

The new procedure provides a number of safeguards but, if a person does have his or her financial affairs placed in the hands of the Public Guardian and Trustee, and a member of the family, or a friend, comes along who is quite capable of taking over from the Public Guardian and Trustee—and the Public Guardian and Trustee is happy with this person, the Public Guardian and Trustee can transfer control of the person's property to that individual. Thus all is not lost if the person has not completed a Power of Attorney or a Representation Agreement and becomes incapable.

The Scrivener: That's excellent.

Dr. Gordon: It's a fast and easy way of getting a family member to take over. It's been used in Ontario for quite a number of years and it's been very successful. This, of course,

reduces the load on the courts and on the Public Guardian and Trustee—ultimately reducing the weight on the public purse. It gets control over a person's financial affairs back to where it should be, basically—to a trusted and capable family member. Jay Chalke, the Public Guardian and Trustee in BC, has an excellent system in place. I can see this being the wave of the future.

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Everyone agrees it's desirable not to be putting people who are mentally incapable through the court system to get a substitute decision-maker for them. The new legislation sets out a wide range of very effective options, especially for those who plan for the possibility of the onset of incapability. When you consider the availability of Notaries and the fact that, generally speaking, they're not as intimidating as lawyers can be, at least for some people, the potential for new business is extraordinary.

On the advance directive front, the field will be dominated by the health authorities. They've been the movers and shakers on this. They already have packages together and are suggesting to people that they do advance directives. The legislation has actually been dragging behind that practice, until now.

The Scrivener: What other changes will there be to the *Adult Guardianship Act*?

Dr. Gordon: There are tweaks to Part 3 that centre on making that legislation work a bit smoother. The focus is primarily on restraining orders in the Act so it will be easier for health authorities to get court orders against abusers—requiring that they stay away from the victim, for example.

The Scrivener: Please tell us about Bill 26.

Dr. Gordon: Bill 26 actually passed back in the Spring 2007 sitting. Bill 26 is the *Health Status Amendments Act*, but a big chunk of that Act is a new Part 3 of the *Health Care (Consent) and Care Facility (Admission) Act*, which will deal with the admission of people to care facilities.

It's something Notaries should know about, given their client base. It sets out procedures that must be followed when someone wants to be admitted to a care facility or is being admitted to a care facility because he or she is mentally incapable of making decisions. It's based on a consent and substitute-consent model that reflects the health care consent provisions of the *Health Care (Consent) and Care Facility (Admission) Act*, which has been in place now for more than 7 years.

Those of us who have been working in this area think this is a triumph for seniors. That one area was always recognized as being very important, but was treated as the poor cousin of the legislation.

Now the whole care facility field will be properly regulated by law. This is very important. It regulates the process of where we place people who are in need of care and assures that, to the extent possible, there are no unfair or unnecessary admissions of people. Individuals won't be placed in care facilities without a proper, valid consent or, in the case of an incapable adult, unless substitute consent is given by a family member or a representative or a guardian.

The legislation also deals with the issue of restraints. Some key principles are set out in the Act itself, but the details are in the regulations. The Act includes a very clear statement about the minimal use of restraints in care facilities and the fact that restraints should never be used, for example, for disciplinary purposes or for the convenience of staff. This subject always generates significant emotional responses—it's a horrifying thought that an adult may be admitted to a care facility, only to spend the

balance of his or her days restrained in a bed.

The Scrivener: Where does elder law go next?

Dr. Gordon: It's not a question of developing new legislation, Val. It's really a question of putting into effect what we've created, both as a result of these recent legislative changes and what we have been creating over a period of 10 years.

Quite frankly, I think the legislative framework is more than adequate and will work very well once the new package is actually in force. That's from the point of view of protecting seniors from abuse or neglect.

The delivery of services that help seniors deal with abuse and neglect is another matter. There's always a perpetual shortage of funding for programs, but I think the population aging process has stimulated politicians and policymakers to provide adequate funding for various programs.

You can always add more. The question is *what kind of things do you add?* One of the big fears most people have is being thrown into a care facility and forgotten. Through the legislation, we now have mechanisms in place that should prevent that from happening.

The Scrivener: What are the challenges for government around this legislation?

Dr. Gordon: There's a continuing need to ensure the provision of quality care facilities in the province. That's a huge challenge for government and for government regulators. They've gone to a private model, which is perfectly appropriate. The health authorities are relying very much on private-sector care facility operators to meet their needs, and that will continue for the foreseeable future.

The difficulty is that health authorities will become too dependent on private-care facility operators who then can resist regulation. If you clamp down too harshly on them in terms of standards, many will close down a facility and render the residents homeless.

I also have a continuing concern about the use of what are called *special care units* inside some care facilities. Special care units are basically Alzheimer care pods inside a care facility where there's an enhanced level of security because the people wander. I think the legislation coming into force will help regulate that to some extent, but I still worry about people being locked up in these places.

It's a concern that we don't have an administrative tribunal that can review the decisions of health care providers and of care facility managers in admitting people into facilities.

The Scrivener: You are a diligent researcher. What research did you do with regard to the drafting of the emergency provisions for the new legislation?

Dr. Gordon: The emergency provisions in the health care consent legislation came from some experiences, sitting with a colleague from the Public Trustee's Office, in the Emergency Department at St. Paul's Hospital with a notebook, figuring out what was going on, what needed to be regulated and what didn't, and talking to health care providers. It was a great experience from which came sections 12 and 13 of the health care consent legislation.

St. Paul's ER at that time was the second-busiest Emergency Department in Canada. We thought whatever would work there would work anywhere.

When we were drafting regulations, many, many years ago, a policy analyst from the Ministry of Health took me on a tour of care facilities in Victoria. I wanted to have a feel for the probable impact of what we were drafting. It was really valuable.

The analyst picked out a range of care facilities, from the Dickensian to

the very modern, open, nurturing kind of facility. I saw some really innovative stuff around Alzheimer care, as well.

The Scrivener: What weaknesses do you see in the new care facility admission legislation?

Dr. Gordon: There is no review or appeal mechanism built into it. If someone feels he or she should not be admitted to a care facility and is being wrongfully detained there, the remedy is to go to court and seek release, basically—although I would think most care facility operators probably wouldn't want to go that far. If a resident really wanted to leave, they'd probably let the person go.

It's a concern that we don't have an administrative tribunal that can review the decisions of health care providers and of care facility managers in admitting people into facilities.

We did have that in the original legislation but it was taken out several years ago. A huge review was taking place of all boards and commissions; the government was trying to reduce expenditure and knock off a number of items they didn't think were being used very much.

Unfortunately, the Health Care and Care Facility Review Board got knocked off when it shouldn't have been. It wasn't being used very much because it was designed not to be used very much—it was there as a last resort.

Unfortunately that fact was lost on the people making the decisions in Victoria and the Board was disbanded. It would be nice to see that kind of safeguard brought back in again. I would be happy to work for that particular goal.

I also believe the *Mental Health Act* is an abomination. It really is a poor piece of legislation; we've never had much success changing it in this province.

At the time the adult guardianship review was taking place back in '90, '91, and '92, a parallel review of the *Mental Health Act* was taking place. It turned out I was on both review committees. Whereas the guardianship

stuff got some traction and made headway, the *Mental Health Act* review bogged down in acrimony. Nobody was strong enough to be able to say, “You need to find a balance. Here’s what it looks like. Everyone should now work toward that in the interests of mental health consumers, their families, and practitioners.”

The Scrivener: That sounds frustrating.

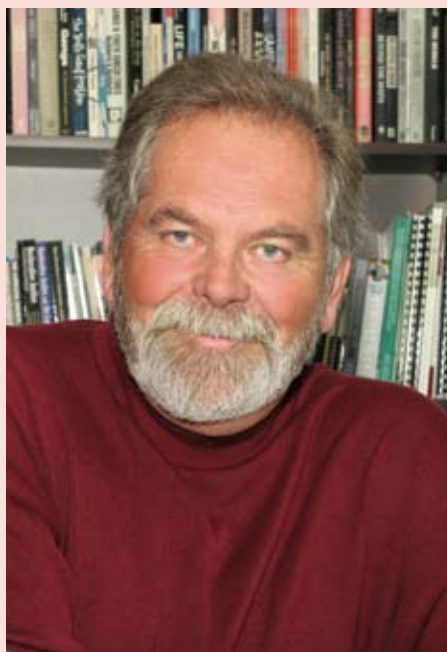
Dr. Gordon: It was very frustrating. The government has backed away from the whole thing and opted for the *status quo*. A Martian legislator descending into British Columbia, looking at the statute book and opening up the *Mental Health Act* and guardianship package—including the health care consent legislation—would be confused by the failure of the legislature to come up with a set of statutes that were in any way synchronized.

The Scrivener: Why doesn’t one person sit down and do this?

Dr. Gordon: It’s the politics of this particular area. First, it’s rare to find somebody with the skills to be able to absorb all the different points of view and convert them into acceptable statutory language.

Second is the politics of process. These are often more important than the politics of outcome. People like to participate in things. That is the modern way of drafting legislation and making policy. We’re no longer prepared to accept people dictating things to us. Indeed the process of pulling all this legislation together taught me a lot of lessons about listening and respecting people’s points of view—especially those who are going to have to work with this legislation when it’s eventually put into place. Hence my trip to the ER at St. Paul’s.

It’s hard to get most people involved in legislative drafting out into the field to actually do that sort of research. It’s not their job. They craft legislation based upon the policy directions delivered to them by people who are more in-the-know, theoretically. It’s really not possible for



People like to participate in things. That is the modern way of drafting legislation and making policy.

one person to sit down and say *this is how it’s going to be*.

The Scrivener: It would save a lot of time.

Dr. Gordon: Oh, you’re not kidding. Tons of time, providing the consultation was genuine.

The Scrivener: What are some other aspects of your job as Director of the School? I have seen you interviewed on TV and quoted in the newspaper almost every day for the past 2 weeks, in connection with the recent spate of gang violence.

Dr. Gordon: Media involvement is an important part of the job. Reporters and others frequently call here for a comment or an interview about current crime events.

I also do a lot of travelling because of various commitments, including a bit of international travel. Again, that’s part of the job.

The Scrivener: Do you still have time for community service?

Dr. Gordon: I have served on numerous boards over the years. I was quite involved in nonprofit organizations. I was on the board of the Community Legal Assistance Society for several years and served with various groups involved in guardianship reform, before I was contracted to start doing the drafting.

There were many years where I did a hell of a lot of volunteering, but quite frankly, today, it’s not physically possible.

The Scrivener: What are the crowning achievements of your career to date?

Dr. Gordon: The reforms of the guardianship legislation have been an immense pleasure. It’s been a collaborative exercise; I’ve been one cog in the wheel. Now certainly I may have been able to keep grinding on longer than others, but that’s because I’m privileged as an academic; I have the time. I’m very pleased to be able to finally see the legislation to conclusion.

Running the School of Criminology in the last 10 years and being able to turn it into a world-class university department has taken a lot of time and effort. It’s booming now. I’m delighted to see that.

Those are the two biggies.

The Scrivener: With your significant work responsibilities, how do you maintain *balance* in your life?

Dr. Gordon: In the Winter months, I love skiing and enjoy a variety of cultural activities—opera and concerts. Music has always been food for my particular soul. And I’m very interested in film.

I generally shut down in the Summertime. I don’t take on tasks during those months and try to kick back and sail. I’m very happy I finally got the 55-foot ketch that I wanted when I was 13. Didn’t have enough money from my paper route to buy it then.

LAUGHTER

You’ve got to turn off sometimes or you’ll go potty! ▲