



January 28, 2026

CHAIR KROETSCH AND MEMBERS OF THE BOARD OF HEALTH

Dear Chair and Members:

**Re: CODE OF CONDUCT FOR BOH
Hamilton Integrity Commissioner Services
Our File No. 976-100**

Further to the Board of Health (“BOH”) Meeting on January 26, 2026 and to an email I received from Member Danko later that day setting out her questions, I write to address the following concerns that have been raised with respect to the adoption of a Code of Conduct for Members of the BOH (“BOH COC”):

1. Impact on Ability to Run for Election and Participate in Election Campaigns;
2. Conflict/Overlap Between a BOH COC and Codes of Ethics and Conduct Governing Members Who are Regulated Health Professionals.

1. Impact on Ability to Run for Election and Participate in Election Campaigns

The question posed by Member Danko was as follows:

Following up on our BOH meeting, my question is around the additional rule that members of an adjudicative board cannot run (not explicitly stated but if you can't contribute to a campaign of ANY person running), endorse, fundraise or contribute to an election campaign for a position for City Council.

[PORTIONS OF CODE CITED IN EMAIL OMITTED]

I'm unclear why we would not be able to run or participate in an election campaign. In fact, I believe this would impact all council members seeking re-election this coming summer.

Does the rule mean we would all need to step down (which could mean the BOH cannot function), or can this be amended to include language where we cannot use our position on the BOH if running, fundraising or otherwise contributing to an election campaign?

My response to this inquiry is as follows:

Regarding Part 2 to Rule 5, “Adjudicative Board” is defined in the Code of Conduct for Local Boards as “a Local Board that functions as a tribunal.” The BOH is NOT an adjudicative board as it does not make quasi-judicial decisions. An adjudicative board would be one like the Committee of Adjustments or the Property Standards Committee, which makes decisions on specific applications for relief, not formulating and/or evaluating general policies like the BOH does. So Part 2 to Rule 5 would not apply to members of the BOH.

Members of the BOH are governed only by Part 1 of Rule 5, which, as you note in your email, specifically states that Members may fundraise for, endorse, run for a seat, or otherwise participate in election campaigns, so long as they do not identify themselves as a member of the local board while doing so, except if they are running for an election, in which case they can reference their service on the local board as part of their statement of credentials/experience, but not otherwise “trade off” their role as a board member..

2. Conflict/Overlap Between a BOH COC and Codes of Ethics and Conduct Governing Members Who are Regulated Health Professionals

At the January 26th Meeting, Member Joseph raised a concern that, already being governed by a code of conduct as a member of a regulated health profession, there is a potential for overlap between that Code and any Code of Conduct adopted by the BOH and/or that a finding of a BOH COC breach could result in a finding that a code of ethics and conduct governing the Member of a regulated health profession has been breached.

My responses to these concerns are as follows:

- The BOH COC applies only to Members in their capacity as members of the BOH, in other words, when they are in the course of carrying out the business of, or holding themselves out as, members of the BOH.
- Conversely, codes of ethics and conduct applicable to regulated health professionals govern members only in their capacity as a regulated health professional. For example, the Code of Ethics and Standards of Practice of the Ontario College of Social Workers and Social Service Workers contains the following key provisions which make it clear that they address dealings of social workers with their patients/clients:
 - Best Interest of the Client: The primary obligation, requiring respect for the client's dignity, worth, and right to self-determination;
 - Confidentiality: Protecting all professionally acquired information, only disclosing it when required/allowed by law or with consent.;

- Integrity and Objectivity: Conducting duties honestly, maintaining high professional standards, and avoiding conflicts of interest;
 - Competence: Maintaining and enhancing professional knowledge and skills;
 - Respectful Relationships: Not exploiting relationships for personal benefit, gain, or gratification;
 - Advocacy: Advocating for workplace conditions and policies that align with the code.
- It follows from the foregoing that there is no overlap or potential for conflict between a BOH COC and a code of ethics and conduct governing a Member as a regulated health professional.
 - Many non-elected members of other local boards and committees of Council governed by the City's Code of Conduct for Members of Local Boards are professionals, such as lawyers, engineers and accountants. There has never been an identified concern with the fact that each of these professionals are also governed by the codes of ethics and conduct of their respective professions, as well as the Code of Conduct for Members of Local Boards.
 - With respect to the potential for a professional regulatory body using a finding of a breach of the BOH COC by the Integrity Commissioner as the basis for finding a breach of that body's code of ethics and conduct, I highly doubt that any regulated health professional disciplinary board would, or could legally, rely on the findings of another tribunal (which an Integrity Commissioner effectively is) to sanction or take disciplinary action against a member of that regulated health profession. It would undoubtedly be required to conduct its own, independent inquiry.

I trust you will find this to be of assistance.

Yours very truly,



David G. Boghosian
Integrity Commissioner
City of Hamilton