

From: [REDACTED]
Sent: July 14, 2008 2:03 PM
To: 5 Year Review
Subject: Att: Mr. Handler

Dr. Mr. Handler,

Please regard this letter as my submission for the 5 year review of Ontario's auto accident insurance provisions. I have deliberately chosen a more personal format to express my concerns because after 14 years in the system it has never NOT been personal.

My husband, injured in an auto accident 14 years ago, is now faced with the very real possibility of having to repeat all of the actions required to establish his qualification to receive benefits in the first place. In my husband's case it took almost a decade to work through the legal issues (a stack of inaccurate/inflammatory and often bogus medical reports) to establish his right to benefits and now we find ourselves facing the unthinkable - that we may have to shoulder the stress and expense of repeating the process.

Our insurer is preparing to arrange an 'independent' medical examination using the same bogus and inaccurate medical reports prepared by an absentee rehabilitation worker over a decade ago. I find it intolerable that once again (like most Ontarians, legal costs are too far out of reach) I will have to defend my husband from [REDACTED] deceptive and underhanded business practices - it is that same climate that claimants face today - the large pool of pro-insurer doctors that continues to exist and is probably thriving in these post-DAC times. Recent enquiries to FSCO indicate that should our insurer fail to provide a properly qualified physician (as has happened in the past) or the report be inaccurate, biased or inappropriate (also happened in the past) that our only recourse would be to proceed to mediation for a hearing. This is a nightmare, to expect that the injured claimant navigate through a system such as presently exists is unrealistic and unfair.

The Ontario government appears to have abdicated it's responsibility to it's citizens/consumers whom they have legislated to buy a flawed product where every step is a legal issue and legal representation is pretty much required even when it comes down to an IME.

FSCO needs to take responsibility for the quality of medical services and IMEs that Ontarians are required by law to participate in or the system will become even more bogged down and it is already unfair when he who has the most money to last the longest wins and whether a claim is valid or not no longer matters. Holding an insurer responsible for the medical reports commissioned during the course of a claim is a step in the right direction to stopping deceptive file management. FSCO didn't need a DAC system to do that in the past or in the future, FSCO just needs to stop looking the other way and staying silent on the issue of file management and witness accountability - it is, after all, Ontario's responsibility to have a fair and accessible system.

Sincerely,

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[REDACTED]