

IN THE SUPREME COURT OF BRITISH COLUMBIA

Citation: *A.S. v. Evergreen House Long Term Care*,
2026 BCSC 102

Date: 20260121
Docket: S259190
Registry: Vancouver

Between:

A.S.

Petitioner

And

Evergreen House Long Term Care and Vancouver Coastal Health

Respondents

Before: The Honourable Justice E. McDonald

Oral Reasons for Judgment

The Petitioner, appearing in person:

A.S.

Counsel for the Respondents:

J. Lauwers

Place and Date of Hearing:

Vancouver, B.C.
January 16, 2026

Place and Date of Judgment:

Vancouver, B.C.
January 21, 2026

[1] These reasons for judgment were issued orally. They have since been edited for distribution and publication.

Overview

[2] This proceeding concerns M.S., who is 86 years old and living with a diagnosis of Alzheimer’s dementia. M.S. was admitted to Lions Gate Hospital for five months before his eventual admission to Evergreen House Long Term Care Home (“EGH”). Prior to this, M.S. lived in a basement suite along with his adult son, A.S., who is the petitioner.

[3] The petitioner seeks “an order in the nature of *habeas corpus* requiring the respondents to produce the legal authority relied upon to detain M.S.” and, “if no lawful authority exists, an order that M.S. be released from detention at EGH and be allowed to return to his home”. The petitioner relies, among other things, on s. 10 of the *Charter of Rights and Freedoms*.

[4] During submissions, the petitioner explained that he is concerned about a variety of things including that:

- M.S. is being wrongfully detained in EGH;
- EGH is not an appropriate long-term care facility to provide care for M.S.;
- he is not being recognized as M.S.’s “substitute decision maker”; and,
- his request that M.S. be discharged from EGH is being ignored.

[5] The petitioner believes that M.S. should be discharged and cared for at home. It is not disputed that M.S. has Alzheimer’s dementia. There is evidence that M.S. has spoken of conflict with the petitioner, suffered physical injuries, and become lost and disoriented when living at home. The petitioner agrees that long-term care is inevitable. However, he submits that admission to long-term care is premature because M.S. can presently live at home with supports. The petitioner believes that

M.S. should reside at home until he can identify and agree to a different long-term care facility.

[6] The respondents are EGH and Vancouver Coastal Health (“VCH”). VCH is responsible for, among other things, administration of health care services and programs including through the ownership and operation of EGH.

[7] For the following reasons, I have determined that the petition must be dismissed.

Background

[8] In the response to petition, the respondents provide the recent relevant history of M.S.’s personal circumstances including his health and treatment history, which I have reproduced for ease of reference:

6. After a five month stay at Lions Gate Hospital between June 27, 2024 and November 25, 2024, [M.S.] was admitted into long-term care at EGH. As described further below, this admission was consented to on his behalf by the Public Guardian and Trustee (“PGT”) as temporary substitute decision-maker for care facility admission.

7. [M.S.] has been living at EGH since November 25, 2024.

Pre-2024: [M.S.] in [A.S.]’s Care

8. [M.S.] is divorced and has four adult children: [S.], a daughter who, as of 2024, lived in Boston; [G.], a son, as of 2024, lived in Los Angeles; [D.], another son, who travels for work; and [A.S.], who had been the primary caregiver for [M.S.].

9. Prior to being admitted to Lions Gate Hospital on June 26, 2024, [M.S.] lived in a one bedroom basement apartment with [A.S.]. In approximately 2022, [A.S.] moved into [M.S.]’s apartment to help care for [M.S.].

10. From March 24 to April 3, 2023, [M.S.] was admitted to Lions Gate Hospital after being found confused and collapsed in a library. During that admission, he was diagnosed with Alzheimer’s dementia. An occupational therapy assessment done on April 3, 2023 noted that, based on assessment, he would have difficulty managing daily tasks including hygiene, medications and meals without frequent cueing. He was also at risk of wandering. As of April 2023, he required support for all his higher-level Instrumental Activities of Daily Living tasks.

11. Long term care was recommended and [M.S.] was on an emergency waitlist for placement in a long-term care facility following his discharge from

hospital in April 2023. A bed became available at Creekstone Care Centre in October 2023.

12. At that time, records demonstrate disagreement among [M.S.]’s children about whether [M.S.] should be admitted to Creekstone. [S.] declined; [A.S.] agreed that facility placement was the best course of action; [G.] signed the paperwork for placement.

13. On November 2, 2023, [A.S.] took [M.S.] to tour Creekstone. [M.S.] did not like it there and expressed that he did not want to live there. At that time, [M.S.] was assessed as being capable of declining placement in long-term care, and he was taken off the emergency placement list.

14. In December 2023, [M.S.] took the wrong bus and got lost. Police had to bring him home.

Events in 2024

15. On April 20, 2024, [M.S.] presented to Lions Gate Hospital after reporting a fall in his backyard. There was bruising noted around his eye. He was still living with [A.S.], but [A.S.] had gone to Germany and did not arrange a safety plan for [M.S.] in his absence. [A.S.] was acting as [M.S.]’s primary caregiver, helping with medication, cooking, grocery shopping, and outings. This was supplemented by daily home supports from community home care. [A.S.] choosing to go to Germany without a safety plan left [M.S.] at risk of harm.

16. At this time, the VCH ReAct Adult Protection team received a report under s. 46(1) of the *Adult Guardianship Act*, R.S.B.C. 1996, c. 6, that [M.S.] was abused or neglected and unable to seek support and assistance due to his physical and cognitive limitations associated with Alzheimer’s dementia. Specifically, concerns were raised about [A.S.]’s ability to care for his father safely and appropriately in the community.

17. In the hospital, [M.S.] was found to have poor insight, was confused and was exit seeking. It was [M.S.]’s care team’s consensus that he required 24-hour supervision and care, based on nursing observations and assessments by occupational therapy, social work and geriatric psychiatry. He was (and remains) completely dependent on others for all instrumental activities of daily living, and needed structure, set up, cuing and prompting for activities of daily living.

18. Discharge planning from the May 2024 admission was complex. The care team expressed concerns about [A.S.] caring for [M.S.] in community. Nevertheless, [A.S.] and [M.S.] expressed a desire for [M.S.] return home to live with [A.S.]. Respecting these wishes, a Support and Assistance Plan was put into place under Part 3 of the *Adult Guardianship Act* to facilitate [M.S.]’s safe return home with [A.S.] as primary caregiver. [M.S.] was to receive 24-hour care and supervision. [A.S.] was told that [M.S.] could not be left alone at any time.

19. On June 27, 2024, [M.S.] was brought to Lions Gate Hospital by ambulance under s. 28 of the *Mental Health Act*, R.S.B.C. 1996, c. 288. He had been walking around his neighbourhood with an axe. He had apparently intended to harm [A.S.] after a verbal altercation.

20. On arrival at the hospital, [M.S.] reported that he had not eaten since the day before and had not been bathed or attended to by [A.S.] in 3-4 days. He had a strong smell of urine on him. [M.S.] reported that [A.S.] has an aggressive personality and can be malicious. He reported that [A.S.] had lived with him for two years and that [M.S.] pays approximately \$1500/month in rent and [A.S.] does not pay anything.

21. The night before, on June 26, [M.S.] had been visiting with his daughter, [S.]. [S.] reported to health care staff at Lions Gate Hospital that [A.S.] had locked [M.S.] out of the house when [S.] tried to return him home after the visit. The police were called at that time.

22. There had been a few other concerning incidents demonstrating that [A.S.] was not able to appropriately care for [M.S.] at home. On one occasion, [M.S.] had been left alone and was found by homecare staff wandering outside his home. He had left a pot on the stove.

23. In another incident, [M.S.] locked a homecare worker in his apartment with him when there was an altercation with [A.S.], and the community health case manager had to come and convince him to open the door.

24. In discussions with [A.S.], social workers learned that while he had agreed to the May 2024 Support and Assistance Plan which clearly outlined that [M.S.] required 24/7 care, [A.S.] actually felt that this was “overkill.” When social workers asked [A.S.] about reports that [M.S.] had been wandering in his neighbourhood, [A.S.] minimized this concern, stating that they live on a very quiet, safe street with minimal road traffic.

25. As the previous discharge home into the care of [A.S.] with a Support and Assistance Plan had failed, during the June 27, 2024 admission it was the view of the health care team that [M.S.] required placement in long-term care to assure his safety and care needs could be adequately met.

Identifying a Temporary Substitute Decision Maker for Care Facility Admission

26. [M.S.] was assessed to be incapable of consenting to care facility admission due to his cognitive limitations associated with Alzheimer’s dementia.

27. In 2024, [M.S.] had no Committee of Person or Representation Agreement naming a substitute decision maker or personal guardian or representative.

...

29. VCH social workers attempted to engage [A.S.] in discussion around long-term care placement throughout [M.S.]’s stay at Lions Gate Hospital. After not returning the calls of the physician or social worker from July 9, 2024 to July 19, 2024 to discuss long-term care placement, [A.S.] did eventually consent on July 19, 2024. However, he then failed to provide any of the required documentation despite frequent follow-up and, eventually, an imposed deadline of August 14, 2024.

30. Given the issues communicating with [A.S.], the history of [A.S.] not making decisions in the best interest of his father, and the known history of conflict between the adult children, a referral was made to the PGT.

31. In the meantime, staff continued to communicate with [A.S.] about [M.S.]’s transfer to long-term care, and [A.S.] voiced no opposition to the long-term care placement.

32. The PGT consultant reached out to the adult children to ascertain their willingness and fitness to act as TSDM for [M.S.].

33. According to a VCH social worker’s chart note dated September 13, 2024, the PGT consultant contacted [G.], who said that he agreed with placement for his father but did not want to be involved due to family dynamics. She had not heard back from [D.] or [A.S.] at that time. [S.] declined to have further conversations with the PGT but asked that somebody from VCH reach out to her. A VCH social worker did so on September 13, 2024. While [S.] expressed concerns about [A.S.] being TSDM, she also denied that [M.S.] had dementia and stated that she felt people in Canada wrongly put their elderly into long-term care. She declined further conversation at that time.

34. Ultimately, none of the other three adult children were available to act as TSDM, and [A.S.] was disqualified as an appropriate TSDM for care facility admission, because he was found to be both unresponsive and unable to make decisions in the best interests of [M.S.]. Substitute consent for care facility admission was obtained from the PGT on November 13, 2024.

35. After a lengthy stay at Lions Gate Hospital, the Adult was admitted to EGH on November 25, 2024.

[9] I am aware that the petitioner disputes some of the facts set out in the response to petition. However, after carefully considering each of the petitioner’s four affidavits included in the record, I find the petitioner’s evidence establishes no significant dispute concerning the accuracy of the relevant background facts set out in paras. 6-27 and 29-35 of the response to petition.

[10] After M.S.’s admission to EGH, he received visitors and went on outings from EGH, including with the petitioner. For example, M.S. went on outings or had extended stays with the petitioner in May 2025, December 2025 and January 2026.

[11] On January 9, 2026, M.S. returned to EGH after an extended stay with the petitioner.

[12] The petitioner frames the issues in the petition in terms of *habeas corpus*, and he seeks a determination of whether M.S. is being detained at EGH without legal authority. In the circumstances, I must consider how M.S. was admitted to EGH and decide whether the admission was lawful.

Was M.S. lawfully admitted to EGH?

[13] As already mentioned, after spending approximately five months in Lions Gate Hospital, M.S. was admitted to EGH on November 25, 2024.

[14] Since June 27, 2024, and prior to his admission to EGH, M.S. had been involuntarily detained at Lions Gate Hospital pursuant to s. 22 of the *Mental Health Act*, R.S.B.C. 1996, c. 288 [*MHA*]. On October 16, 2024, following a hearing, the Mental Health Review Board (the “Board”) gave reasons on the A.S.’s application to decertify M.S.

[15] The Board found that M.S. met the criteria under the *MHA*, including that he suffers with a disorder of the mind that requires treatment and seriously impairs his ability and that he requires treatment in or through a facility. Therefore, the Board concluded that M.S.’s involuntary detention must be continued.

[16] The respondents’ evidence demonstrates the following:

- a) M.S. was assessed as being incapable of consenting to care facility admission;
- b) M.S. had no Committee of Person, or Representative Agreement, naming a substitute decision maker or personal guardian or representative;
- c) On November 14, 2024, VCH wrote to the petitioner advising him that due to various concerns including that the petitioner was not reliably acting in M.S.’s best interests, the care team had determined that the petitioner did not meet the criteria to act as a TSDM for care facility admission for M.S. and the care team referred the matter to the Public Guardian and Trustee (“PGT”) under s. 22 of the *HCCCFAA*; and
- d) On November 13, 2024, the PGT provided consent to admission to EGH in its capacity as the substitute decision maker for M.S.

[17] I find the evidence in the record clearly establishes that, pursuant to s. 22 of the *Health Care (Consent) and Care Facility (Admission) Act*, R.S.B.C. 1996, c. 181 [HCCCFAA], the PGT acting as the substitute decision maker, provided consent to M.S.'s admission to EGH. Therefore, on the issue of whether M.S. was lawfully admitted to EGH, I find that he was.

[18] I will now turn to the petitioner's concern that M.S. is being unlawfully detained in EGH, despite requests for his discharge.

Is M.S. currently being unlawfully detained in EGH?

[19] As mentioned, the petitioner seeks an order in the nature of *habeas corpus*. In submissions, the petitioner expresses a variety of concerns about M.S. residing at EGH. The petitioner's evidence is that M.S. wishes to live at home. The petitioner also submits that he is M.S.'s TSDM under the HCCCFAA and, despite making a request to the care team on October 17, 2025, that M.S. be discharged, his request is being wrongfully ignored. The petitioner is also concerned that M.S. is not permitted to leave EGH and he disagrees with M.S. receiving certain prescribed medications.

[20] Before I address the petitioner's concerns, I note that both parties referred to the law respecting an application for *habeas corpus* in *Mission Institution v. Khela*, 2014 SCC 24 [*Khela*].

[21] *Khela* involved a *habeas corpus* application by a federal inmate who was involuntarily transferred back from a medium security facility to a maximum security facility. Justice LeBel set out the goals and what must be established to succeed on an application for *habeas corpus*:

[29] Through both the *Charter* and the common law, Canada has attempted to maintain and uphold many of the goals of the *Habeas Corpus Act*, which embodied the evolving purposes and principles of the writ. Habeas corpus has become an essential remedy in Canadian law. In *May* [*May v. Ferndale Institution*, 2005 SCC 82, [2005] 3 S.C.R. 809], this Court emphasized the importance of habeas corpus in the protection of two of our fundamental rights:

(1) the right to liberty of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice (s. 7 of the *Charter*); and (2) the right not to be arbitrarily detained or imprisoned (s. 9 of the *Charter*). [para. 22]

These rights belong to everyone in Canada, including those serving prison sentences (*May*, at paras. 23-25). *Habeas corpus* is in fact the strongest tool a prisoner has to ensure that the deprivation of his or her liberty is not unlawful. In articulating the scope of the writ both in the *Miller* trilogy and in *May*, the Court has ensured that the rule of law continues to run within penitentiary walls (*Martineau v. Matsqui Institution Disciplinary Board*, 1979 CanLII 184 (SCC), [1980] 1 S.C.R. 602, at p. 622) and that any deprivation of a prisoner's liberty is justified.

[30] To be successful, an application for *habeas corpus* must satisfy the following criteria. First, the applicant must establish that he or she has been deprived of liberty. Once a deprivation of liberty is proven, the applicant must raise a legitimate ground upon which to question its legality. If the applicant has raised such a ground, the onus shifts to the respondent authorities to show that the deprivation of liberty was lawful (*Farbey, Sharpe and Atrill*, at pp. 84-85; *May*, at paras. 71 and 74).

[22] The petitioner also referred me to authorities, including *A.H. v. Fraser Health Authority*, 2019 BCSC 227 [*A.H.*]. In *A.H.*, at para. 2, Justice Warren stated that the proceedings arose from the involuntary detention of A.H. without judicial authorization or any independent oversight for nearly a year under the apparent authority of s. 59(2)(e) of the *Adult Guardianship Act*, R.S.B.C. 1996, c. 6 [*AGA*].

[23] The respondents point out that the *HCCCFAA* contains comprehensive provisions for admission to a care facility with the consent of the substitute decision maker. The respondents also point out that there are provisions in the *HCCCFAA*, specifically s. 33.4(2), to obtain direction and orders from the court to confirm, reverse or vary a substitute decision maker's consent to admission to a care facility.

[24] The respondents do not dispute that M.S. wears a device designed to locate him if he wanders. The respondents also do not dispute that M.S. is not allowed to leave EGH without supervision and that EGH has secured entrances and exits requiring keys or passcodes. However, as the present case involves a senior citizen with Alzheimer's dementia who was admitted to a care facility pursuant to provisions in the *HCCCFAA*, and since those provisions were not at issue in *A.H.*, that case is distinguishable.

[25] Based on considering the evidence in the record, and for the reasons submitted by the respondents, I am unable to conclude that M.S. is currently being unlawfully detained in EGH. In my view, the provisions of the *HCCCFAA* provide for M.S.'s admission to EGH. There are also provisions to address request to leave the care home which have been followed by the care team.

[26] The petitioner acknowledges that the respondents advised him of the decision under the *HCCCFAA* to refer the issue of M.S.'s admission to EGH to the PGT and of the care team's determination that the petitioner did not meet the requirements to serve as the substitute decision maker for care facility admission. While the petitioner does not agree with the facts relied on for making that decision, it is clear that the petitioner knew the decision was based on the care team's concerns that the petitioner had not been responsive to the care team and that he lacked insight into M.S.'s cognitive and care needs.

[27] The respondent's evidence contains notes about relevant incidents where M.S. was injured, became lost and disoriented, and engaged in dangerous or concerning behaviour while living at home with the petitioner. The respondent's evidence also contains details about M.S.'s recent December 24, 2025 to January 9, 2026 stay with the petitioner and their concerns about whether M.S.'s care needs were being met and whether he could meet the criteria to act as TSDM.

[28] For example, the petitioner did not bring M.S. to a previously scheduled appointment with his geriatrician, did not return M.S. to EGH as scheduled on January 1st, and declined daily telephone access for the care team to speak to M.S.

[29] On January 9, 2026, VCH obtained an access order from the Provincial Court authorizing entry to the home where the petitioner was living with M.S. However, the petitioner disagreed and ultimately, on January 9th, he and M.S. attended the West Vancouver Police Station for an interview. Ultimately, M.S. returned to EGH on January 9, 2026.

[30] Pursuant to notes of the January 9, 2026 interview contained in the respondents' evidence, M.S. was asked if he wanted to go back to EGH and he said "yes". The notes also indicate that during the interview, the petitioner told M.S., "no you don't like that place ... you are constantly asking to leave ... you were depressed there ... you don't want to go back trust me."

[31] The petitioner submits that he has a very different recollection of what was said during the January 9, 2026 interview. He submits that during the lengthy interview, M.S. was pressured and exhausted. However, nothing in the petitioner's evidence contradicts that on January 9th, M.S. said he wanted to go back to EGH.

[32] The respondents submit that M.S. is not restricted from having visitors or going on outings from EGH. There is an affidavit from T.M., a friend of the petitioner and M.S., about attending EGH with the petitioner on September 6, 2025 for a visit. After T.M. asked staff if M.S. could go outside for fresh air and T.M. states that staff replied that M.S. was not allowed outside.

[33] The respondents submit that even though they have had and continue to have concerns about the petitioner's ability and willingness to meet M.S.'s care needs, including during the home stay from December 24 to January 9, 2026, the care team has allowed the petitioner to take M.S. outside of EGH when there is a care plan that will be followed. The care team is concerned that the petitioner has shown that he will not abide by the care plan.

[34] There is evidence that the care team has had concerns about M.S. returning from outings with the petitioner with injuries, such as bruising. However, the petitioner submits that he has always met M.S.'s care needs, for example, by ordering more medication when he decided that M.S. would not return to EGH on January 1.

[35] As mentioned, the petitioner wishes for M.S. to be discharged from EGH to live at home with him. The petitioner submits that while he works and is sometimes away from home for work or travel, home care is available and there is a day

program that M.S. could attend. The petitioner also submits that he could obtain some private home care services. However, there was no evidence containing any meaningful detail respecting a plan for M.S.'s proposed full-time home care.

[36] The petitioner acknowledges that M.S. will require admission to a long-term care home in the future, but he does not like EGH, including because it does not offer private rooms. The petitioner would like to select a different long-term care home for M.S. Counsel for the respondents confirms that M.S. is on a wait list for other public long-term care homes, but he previously rejected one of those care homes.

[37] Respecting the petitioner's submission that he is the TSDM for M.S., and that his October 17, 2025 request for discharge was ignored, I note that the petitioner has acknowledged being told by the respondents in the letter of November 14, 2024 that "you do not meet the requirements to serve as the TSDM for care facility admission". The petitioner submitted that despite that determination being communicated to him, he continued to be the TSDM. In my view, that interpretation is not supported by language of the relevant legislative provisions but that does mean that the petitioner or M.S. have no avenue available to them to seek to reverse the care team's view that he does not meet the legal requirements. That avenue will be discussed later in these reasons.

[38] The respondents submit, and I agree, that the legislative scheme provided by the *HCCCFAA*, and specifically consent by a TSDM under ss. 22 and 23, is a one-time decision that does not require "renewal" except as required by the *Residential Care Regulation*, B.C. Reg. 96/2009 [*RCR*], which applies to EGH by operation of the *Patients' Bill of Rights Regulation*, B.C. Reg. 37/2010: s. 50.1(1) *RCR*.

[39] The *RCR* provides in s. 50.1(2) for what happens when an incapable person expresses a desire to leave a community care facility. There is evidence in the record about conversations that the social worker on the care team had in October and November 2025 concerning M.S.'s continued residency at EGH. On November 5, 2025, the social worker asked M.S. directly "whether he wanted to leave EGH"

and he said that he wanted to go live with the petitioner. At that point, the social worker consulted the care team about next steps for the request, and the care team arranged for a January 6, 2026, geriatrician assessment of M.S.

[40] As already mentioned, the petitioner did not return M.S. to EGH on January 1st nor bring him to the geriatrician appointment. The petitioner submits that this assessment was pointless because no one expected that M.S. would be assessed as competent.

[41] In the meantime, the social worker contacted the PGT respecting M.S.'s continued residence at EGH. On January 16, 2026, the PGT responded to the social worker stating: "We are of the opinion that s. 25 criteria has not been satisfied as the adult is not presently expressing their desire to leave and therefore the duty of the 'manager to not prevent or obstruct this adult from leaving a care facility' is not a present concern ...". The PGT also noted that the November 5th expression was initiated by the social worker and not the adult or TSDM.

[42] The PGT further advised that their 2024 consent for admission remains valid for this adult and the referral would be closed. However, a new referral could be made if M.S. expresses a renewed desire to leave the care home.

[43] The respondents submit, and I agree, that the respondents have complied with the legislative scheme set out in the *HCCCFAA* and *RCR* respecting admitting M.S. to EGH and responding to a potential request to leave.

[44] The evidence indicates that because of M.S.'s diagnosis of Alzheimer's dementia, including past incidents of his becoming lost and disoriented, that he is not permitted to leave EGH without supervision. M.S. has been permitted to leave EGH with the petitioner when there are arrangements in place to ensure that M.S. is safe.

[45] I have already described the respondents' past and more recent concerns respecting the petitioner's ability and willingness to abide by a care plan and the arrangements stipulated for M.S.'s safety and care. I have mentioned that the

petitioner disagrees that there have been instances of neglect and that he is unable or unwilling to provide adequate care. I have already set out my conclusions about the evidence in the record.

[46] In my view, if EGH's requirement that M.S. not to leave EGH without supervision or without a plan for his care and safety while he is outside is a deprivation of liberty, I do not find that a legitimate ground to question the legality of the deprivation has been established. The respondents have demonstrated that M.S.'s admission to EGH was lawful pursuant to the *HCCCFAA* and the consent of the PGT, acting as the TSDM.

[47] M.S. is a vulnerable senior citizen diagnosed with Alzheimer's dementia. There is evidence of him sustaining past injuries, becoming lost and disoriented and engaging in concerning behaviours while living at home with the petitioner that have resulted in calls to police.

[48] While I have no doubt that the petitioner is genuinely concerned about his father's well-being, his submissions about potentially arranging for appropriate full-time home care were vague and unformed. I am especially concerned about the evidence of past instances of M.S.'s tendency to wander and to become lost and injured while living at home and the potential for harm in the future.

[49] I agree that the petitioner's concerns about being disqualified as a TSDM are not matters for determination by way of a *habeas corpus* application. I also agree that s. 33.4 of the *HCCCFAA*, which was provided by the legislature as an avenue for M.S. or the petitioner to seek a review, reversal or variation of that decision remain available and these provisions provide a meaningful avenue for judicial oversight.

Disposition

[50] For the reasons explained, the petition is dismissed.

“E. McDonald J.”