Suspension of the clinical privileges of an emergency medical technician: The Superior Court reaffirms the role of regional medical directors in protecting the public

September 16, 2026

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On July 15, 2026, the Superior Court of Québec reiterated the scope and extent of the power a regional medical director (RMD) has when suspending the clinical privileges of a primary care paramedic (hereinafter “paramedic”). The Court established that an RMD's decisions under section 68 of the *Act respecting pre-hospital emergency services* (hereinafter the “Act”) command a high degree of deference, given the RMD’s training and expertise in emergency medicine.

Background of the *Benoît c. CISSS des Laurentides* case

In *Benoît c. Centre intégré de santé et de services sociaux des Laurentides* (2026 QCCS 2629), the plaintiff and his partner, both paramedics, responded to a call to help a patient. At the end of the intervention, the patient refused transport to a hospital, prompting her daughter to file a complaint with the Regional Service Quality and Complaints Commissioner. The matter was brought to the attention of the RMD.

Consequently, on January 9, 2024, after a complaint was filed with the Regional Service Quality and Complaints Commissioner, the RMD decided to suspend all the plaintiff’s privileges because of several irregularities identified in the intervention, which the RMD deemed to be major.

On January 15 2024, the RMD summoned the plaintiff, his union representative, and his employer, Services préhospitaliers Laurentides-Lanaudière, to discuss the situation. The RMD upheld her decision to withdraw the plaintiff's clinical privileges until he completed remedial training. The plaintiff

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challenged the RMD's decision by way of judicial review before the Superior Court of Québec.

The plaintiff essentially argued that section 68 of the Act assigns a purely advisory role to the RMD, meaning its decisions lack any binding effect on the employer. Section reads as follows:

68. In an urgent case and to ensure the quality of the care provided, the regional medical director may request an employer to temporarily suspend all or some of the clinical duties of an ambulance technician under the employer's responsibility and to require the ambulance technician to take the corrective action the regional medical director considers necessary.

The national medical director must be informed of every request for the total suspension of duties as well as the corrective action required within five days after the request.

The plaintiff added that the RMD's decision was unreasonable.

The Superior Court's decision

The Superior Court dismissed the application for judicial review, holding that the standard of reasonableness applies under the principles established in Vavilov.[1] Consequently, the plaintiff bore the burden of proving a flaw serious enough to render the RMD's decision unreasonable—a burden he failed to meet.

The Court noted that the RMD's training and expertise in emergency medicine make them uniquely qualified to assess urgency under section 68 of the Act. As the RMD is entrusted with "exercis[ing] the clinical authority necessary to maintain the standards of quality" (para. 39), [translation] "the fundamental objective of suspending privileges is to protect the public" (para. 41).

Ultimately, the Court found no exceptional circumstances requiring it to vary the findings of fact and the RMD's assessment of urgency, emphasizing that in reviewing evidence on an application for judicial review, [translation] "the threshold of deference is not only high, but it reaches the highest possible level" (para. 57).

Takeaways on the application of section 68 of the Act

Applying section 68 of the Act falls to each RMD, and the exercise of that power attracts a very high degree of judicial deference. Far from being merely advisory, an RMD's decisions are binding on a paramedic's employer. Consequently, a paramedic who challenges an RMD's decision made under section 68 of the Act by way of judicial review faces a heavy burden: They cannot merely disagree with the RMD's assessment—they must demonstrate a serious flaw capable of rendering the decision unreasonable.

In an environment where clinical, regulatory, and organizational imperatives intersect, decisions made in clinical, hospital and pre-hospital settings can raise complex issues. Our team can provide you with rigorous and strategic guidance to help you assess risks, interpret applicable obligations and direct your actions on an informed basis. To learn more, please feel free to contact Karl Chabot.

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1. *Canada (Minister of Citizenship and Immigration)* v. *Vavilov*, 2019 SCC 65.

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