



## **BRITISH COLUMBIA REVIEW BOARD**

**IN THE MATTER OF PART XX.1 (Mental Disorder) OF THE *CRIMINAL CODE*  
R.S.C. 1991 c. 43, as amended S.C. 2005 c. 22, S.C. 2014 c. 6**

**REASONS FOR DISPOSITION  
IN THE MATTER OF  
ALAN GEORGE HILL**

**HELD BY:** Video  
September 1, 2021

**BEFORE:** CHAIRPERSON: S. Boorne  
MEMBERS: Dr. J. Smith, psychiatrist  
A. Markwart

**APPEARANCES:** ACCUSED/PATIENT: Alan George Hill  
ACCUSED/PATIENT COUNSEL: D. Abbey  
DIRECTOR, AFPS: Dr. P. Narayan  
DIRECTOR'S REPRESENTATIVE: M. Simard  
ATTORNEY GENERAL: L. Hillaby

## **INTRODUCTION AND BACKGROUND**

[ 1 ] On September 1, 2021, the British Columbia Review Board convened a hearing pursuant to s. 672.81(1) of the *Criminal Code* to review the disposition of Alan George Hill. At the conclusion of the hearing, the Board reserved its disposition and subsequently ordered that Mr. Hill be discharged absolutely. These are our reasons.

[ 2 ] Mr. Hill is before the Board as a result of a verdict of not criminally responsible on account of mental disorder dated January 22, 2002 on one count of assault causing bodily harm. The index offence was committed on March 6, 2001 when Mr. Hill punched a psychiatric nurse at Riverview Hospital in the face. The victim was left with a swollen eye and a cut that required 10 stitches.

[ 3 ] Mr. Hill is very well known to the Board and his extensive psychiatric and personal histories have been detailed in many previous Board dispositions and reports. In brief, Mr. Hill has chronic, treatment refractory schizophrenia and has required strict psychiatric care in a hospital since 1980. He was a resident at Riverview Hospital between 1980 and 2002. He has been in continuous custody at the Forensic Psychiatric Hospital (FPH) since then. He is unpredictable and has a history of engaging in impulsive violence towards others.

[ 4 ] Mr. Hill is 73 years old. He has been described as one of the most chronically ill patients at FPH. His propensity for violence and unpredictability was exhibited in 1986 when he blinded his mother with a pull-tab from a pop can while she was visiting him at Riverview.

## **EVIDENCE**

[ 5 ] To prepare for the hearing, we reviewed the previous disposition information as well as a psychiatric report prepared by Dr. Narayan, Mr. Hill's treating psychiatrist (Exhibit 65). Dr. Narayan and Mr. Hill testified.

[ 6 ] Dr. Narayan reports that Mr. Hill continues to remain at his baseline level of functioning with unpredictable periods of irritability and disorganization of thinking and behaviour, which typically revert spontaneously within a short period of time. He continues to exhibit persistent delusional symptoms, primarily related to his beliefs of his being a "Bell Romanian." These include a belief that he does not need to shower and that any intervention with his body robs him of special powers. As a result, Mr. Hill's hygiene is variable and he often resists staff attempts to assist with showering or applying deodorant. He suffers from several skin conditions which require periodic applications of ointments.

This has at times presented problems for staff, requiring Mr. Hill to be sedated in order for them to administer these.

[ 7 ] Mr. Hill remains on the A3 unit, where he has lived since at least 2007. Dr. Narayan reports that due to his delusional belief system that he will be harmed or killed if he leaves the hospital, he remains mostly confined indoors on his unit. He has no desire to leave the hospital or to transfer to another, less restrictive unit. He claims to like living on A3 and plans to spend his foreseeable future there. Dr. Narayan reports that given Mr. Hill's institutionalization and likely inability to function within a less restrictive environment, he would likely have substantial difficulty in coping with the stress of leaving A3.

[ 8 ] In terms of risk, Dr. Narayan reports that overall Mr. Hill continues to present with a moderate to high risk of low-grade aggression. However, these episodes appear to be considerably less frequent and less forceful than in the past. Mr. Hill is becoming more infirm and unit staff know him so well that they are able to anticipate and intervene prior to any potential aggression occurring. Dr. Narayan was not able to relate when Mr. Hill had last been physically aggressive. His report mentions that Mr. Hill lightly punched a staff member on the arm approximately three to four months ago while being showered.

[ 9 ] Dr. Narayan reports that if Mr. Hill's living arrangements were changed substantially, he would likely present a high risk of physical and verbal aggression as a manifestation of anger and irritability, given his extreme impulsivity and poor judgment. However, the risk he presents could conceivably be managed in another structured environment with trained staff.

[ 10 ] Dr. Narayan testified that, given Mr. Hill's institutionalization and his stated intention to remain at FPH, even if granted an absolute discharge by the Board his situation would remain unchanged. He would be certified under the *Mental Health Act* and remain on A3 until such time as his medical needs overrode his wish to remain at FPH.

[ 11 ] Mr. Hill briefly testified. His speech and thoughts were difficult to follow but he said he liked living on A3 and did not want to move because that is where he felt safe and that is where his friends were.

## **ANALYSIS AND DISPOSITION**

[ 12 ] The Board must first consider whether Mr. Hill constitutes a significant threat as defined by s. 672.5401 of the *Criminal Code*. A person is a significant threat if they pose "a risk of serious physical or psychological harm to members of the public...resulting from

conduct that is criminal in nature but not necessarily violent.” If they do not pose such a threat, they are entitled to be absolutely discharged. If they do pose a significant threat to the safety of the public, we must then determine the necessary and appropriate disposition.

[ 13 ] We have carefully considered the evidence of Dr. Narayan and the submissions of the parties. We note that Mr. Hill is 73 years old and in declining health. No matter what decision the Board reaches today, he will remain within the highly structured setting of FPH where he will be afforded the intense support and supervision he requires. We also note the evidence that his living situation is unlikely to change until such time as Mr. Hill’s medical needs are such that they can no longer be met at FPH, at which time a transition to a secure geriatric facility will be arranged.

[ 14 ] In the circumstances of Mr. Hill residing at FPH where he is overseen by staff who know him well and are able to manage his outbursts and diminishing aggression without significant issue, we conclude that the evidence does not support that Mr. Hill presents a significant threat to the public. While a transfer to another facility where he is not as well-known could create such a risk, we have no evidence before us that would suggest this a realistic possibility in the foreseeable future.

[ 15 ] We therefore order that Mr. Hill be discharged absolutely.

Reasons written by S. Boorne with Dr. J. Smith and A. Markwart concurring.

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