

How Our Healthcare System Failed During the SARS Outbreak

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ABSTRACT

Severe Acute Respiratory Syndrome (SARS) was an active pandemic in the spring of 2003, ravaging places such as Hong Kong and Canada. In Ontario, the healthcare system was extremely unprepared, hence resulting in a multitude of deaths, in which many were healthcare professionals. In contrast, Vancouver took the necessary precautions leading up to the outbreak, and the benefits of this can be seen in their low death toll. In the future, the Ontario healthcare system needs to learn from these mistakes by preparing personal protective equipment and educating healthcare professionals on proper infectious disease control protocol. This is a call to action for the Ontario healthcare system.

Keywords: SARS, infectious disease control, Canada, healthcare

INTRODUCTION

In the spring of 2003, the world was in a global crisis. Severe Acute Respiratory Syndrome affected places such as Hong Kong, China, Singapore, and Canada. Specifically, in Ontario, the public health system failed to recognize the severity of the disease, putting hundreds of healthcare professionals and civilians at risk. This sheer lack of unpreparedness fueled the fire that spread across Ontario that spring, putting those working on the front line under viral attack.

DISCUSSION

Ontario's Response to the Outbreak

The World Health Organization (WHO) reports that over 250 Canadians were infected with SARS, with 49 confirmed deaths by the time the pandemic was called off in July of 2003¹. Of these cases, 45% were healthcare workers who were not given the protection they needed. Healthcare workers were asked to save person-

al protective equipment (PPE) - such as masks, gloves, and isolation gear- for when a truly confirmed case of SARS was present. Workers in Toronto were not being told to treat every unidentified case as if it were SARS². This led to the spread of the deadly disease across hospital floors and from worker to worker. The city of Toronto was not prepared for the speed at which the disease spread, thus failed to provide their workers with the protection they needed and had a right to.

A nurse at Mount Sinai Hospital recounts her experience with SARS. Susan Sorrenti was an intensive care nurse who was working with a transplant patient with a suspected case of pneumonia³. She feared that the patient was presenting with symptoms of SARS and was confused as to why he was not being quarantined. Nurse Sorrenti was informed that masks, isolation gear, and other PPE was in short supply and was only to be used in confirmed SARS cases. This transplant patient later went on to infect Nurse Sorrenti and 6 other people at Mount Sinai Hospital that day³.

Vancouver's Response to the Outbreak

In contrast, the city of Vancouver was prepared when their first case of SARS touched down and employed various tactics to control the spread. Learning from past pandemics, Vancouver had been increasing awareness and preparedness for years. They created an online bulletin to ensure that news about any infectious disease spread was made public as quickly as possible. An alert was sent out long before their first infected patient touched down, ensuring that citizens knew the signs and symptoms to look for among their friends and family⁴. This vigilance limited the opportunity for the disease to spread at all in the city.

Patient 0 landed in central Vancouver after a trip to Hong Kong with his wife, presenting with symptoms that were consistent with those released on the online bulletin. From the airport, him and his wife went directly to their family doctor, who referred them immediately to their local hospital and patient 0 was quarantined immediately⁴. Health care workers were given proper personal protection equipment, and none were infected^{2,4}. Vancouver proves that it was possible to limit the effects of the disease if the right precautionary steps were taken.

Implications and Solutions

The way that Toronto health officials handled the outbreak of SARS was abysmal. Justice Archie Campbell writes “[SARS] was a disaster waiting to happen because the province's public health system had been badly neglected...”². This negligence put thousands at risk and cost the lives of many. I believe that in Toronto, every case needed to be treated as if it were SARS. If isolation gear was in low supply, more needed to be ordered. Materials around the hospital needed to be used as make-shift equipment if necessary, as anything is better than going into the situation completely unprotected. Nurses and doctors needed infectious disease control training. They must know how to handle a situation when a severely contagious disease is spreading uncontrolled around the city. Most importantly, it is necessary that doctors and nurses understand their rights. They have a right to refuse work in unsafe situations; this includes the right to protect themselves and their families against the deadly diseases found in hospitals each and every day. The main issue that the healthcare system had was waiting for SARS to reach Canada before attempting to control it. As the disease tore across places like Hong Kong, the Canadian healthcare system watched, hoping it never

made it and did not prepare for an outbreak. This extra preparation - spreading the word to civilians, stocking up PPE, and educating healthcare workers on the spread of the disease and how to protect themselves - would have made a world of difference, drastically dropping the death toll that SARS left behind.

CONCLUSIONS

This is a call to action. Future outbreaks need to be contained before they escalate to the level seen during the SARS pandemic and healthcare workers need to be the first protected. They are the first line of defense and put their lives at risk every day to save people they do not even know. How can nurses and doctors properly perform at work when they are constantly looking over their shoulders, fearing the spread of another deadly disease with little to no support from the healthcare system? Something needs to change, and this change needs to be made before the next pandemic hits Canada.

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