

Paramedics face dismissal for refusing flu shots

Ontario paramedics are challenging a provincial regulation that requires them either to get annual flu shots or give up their jobs. The new law, an amendment to the Ontario Ambulance Act, took effect in fall 2000 and is the first of its kind in Canada. Since then dozens of Ontario paramedics have been suspended without pay for refusing to get the mandatory influenza vaccination, prompting numerous protests and a legal challenge.

"They're basically saying if a drug is

going to be put into my body [I] want to be able to have some say about it," says Sid Ryan, president of the Canadian Union of Public Employees, which represents Ontario's 4500 paramedics. Ryan says they are concerned about potential health risks posed by the annual vaccinations.

Paramedics are required to be vaccinated against tetanus, polio, diphtheria, measles, rubella, hepatitis B and chickenpox, but when the province added influenza to that list many paramedics resolved to defy the order. Since then 28 have been suspended without pay across the province and another 30 are facing reprimand and potential suspension if they fail to comply.

The defiance is especially strident in Toronto, where the city's 790 paramedics have launched a Charter challenge. They allege it is unfair that ambulance workers have to be vaccinated against influenza while nurses, doctors and other health care employees do not.

Ontario Health Minister Tony Clement can't understand why the requirement has become an issue. "Whereas

other health care professionals have a little bit more say about who they are in contact with within their work environment, ambulance paramedics really don't know what they're going to be in contact with."

Ryan disputes this, pointing to the fact that firefighters, police and other emergency service workers share identical work environments yet are not mandated to get the vaccination. Many paramedics are also questioning Ontario's aggressive promotion of flu shots as illness prevention. Citing commentaries in *CMAJ* (2001;164[1]:36-7 and 38-9) about the effectiveness of Ontario's program, Ryan said physicians appear split on the flu shot's usefulness and "paramedics reckon that if the evidence is inconclusive, why should they take it?"

Despite the mounting protests and legal challenges, Ryan is convinced a simple solution is possible. "These are reasonable people," he said. "I think if you used voluntary incentives and began working with them you would get a really high compliance." — *Brad Mackay, Toronto*



It's about choice: paramedics protest compulsory flu shots in Peterborough, Ont.

ON THE NET

Medication errors and drug advisories online

Even though medical errors are of great concern to both the public and health care, relatively little is known about the extent of the problem.

In the US it is estimated that drug-related medication errors cost the health care system billions of dollars annually. "Medication errors do not just cause injury to patients," says David U, president and CEO of the new Institute for Safe Medication Practices Canada (www.ismp-canada.org). "They also cost the health care system."

U says that Canada does not yet have accurate data on the extent of medication errors, but extrapolation from US data suggests that about 2% of hospitalized patients experience a preventable adverse drug event and that "an [estimated] 700 deaths per year result from medication errors."

To improve the situation, ISMP-

Canada is developing several systems to track medication errors. One of the main ones is a self-reporting online form that allows practitioners to outline errors and "near misses."

The form asks for the reporting person's name, but ISMP-Canada guarantees that all information will remain confidential. Once enough data are collected, it hopes that analysis will point to ways to cut the number of drug-related errors.

ISMP-Canada grew out of a similar initiative in the US, where ISMP-US (www.ismp.org) has a similar self-reporting system online. It also offers several other resources such as current drug alerts and a drug-testing service.

Another American site is Bridge Medical Inc.'s MEDeRRORS (www.mederrors.com). It contains a library of abstracts, feature articles, an online



CME course called "Anatomy of an Error" and several other resources.

Back in Canada, physicians can keep track of current drug advisories through Health Canada's Adverse Drug Reaction Newsletter (www.hc-sc.gc.ca/hpb-dgpps/therapeut/htmleng/cadrn_wsletter.html). You can also check *CMAJ*'s own drug advisories page at www.cma.ca/cmaj/fda-advisory/index.htm. — *Michael O'Reilly, mike@oreilly.net*