



Infected MD calls for tougher medical screening of newcomers to Canada

Barbara Sibbald

A Vancouver physician who says she contracted tuberculosis after resuscitating an infected patient is “outraged” by what she calls lax medical screening of immigrants and refugees. “If I was so easily infected with 30 minutes or less exposure, then almost anyone he was in contact with could have it with no idea that they have been exposed,” says Dr. Maria Hugi. “This is truly a public health nightmare.”

“It’s most regretful that this physician became infected,” says Dr. Neil Heywood, the director of immigration health policy for Citizenship and Immigration Canada. “But as an emergency room physician she is at risk and she could just as well have got [TB] from a Canadian-born individual.”

Heywood, who has been with the department for 10 years, doesn’t recall another case in which a physician claimed to have contracted TB from an immigrant or refugee.

Hugi says she was infected in May 1998 while intubating a refugee claimant in an emergency ward. She wasn’t aware that the patient had TB. Hugi’s initial TB test was negative, but she seroconverted in September. The medication she must now take for a year can cause liver damage, and this is a major concern for Hugi. She says her liver has already been stressed by chemotherapy she received for breast cancer 9 years ago (*CMAJ* 1997; 156[3]:397-9).

“I was lulled into a false sense of security when I found out that the patient was a refugee,” says Hugi, who has worked exclusively in emergency rooms since graduating from UBC in 1979. “I naively assumed that the patient had been screened and treated.”

According to section 11 of the Immigration Act, all immigrants and refugees “should” undergo a medical exam to assess whether they pose a threat to others and whether they are likely to create excessive demands on the health care system and social services. Refugees selected abroad are screened for health problems before entering Canada,

but refugees who arrive in Canada without status may wait days or months before applying for refugee status, and nothing can be done until they do. Heywood says it’s not realistic to screen everyone who crosses Canada’s borders, given that 100 million people cross the US border alone every year. “There’s nothing we can do.”

No enforcement

When in-Canada refugee claimants finally apply for status, they have 30 days to undergo a medical examination, but there is no way to enforce this rule.

“The issue of enforcement is critical,” admits Heywood. “A significant number do comply, but it’s not enforceable — it’s an operational guideline. We’re looking at ways of inducing and encouraging.”

In 1993 the Immigration Act was amended so that immigrants and refugees could not receive employment authorization until after they had a medical exam. “Canada’s not too big on sticks,” commented Heywood. “We like to use carrots.”

Hugi supports the amendment, but maintains that the bottom line is public risk.

As a signatory of the international covenant concerning refugees, Canada is obliged to protect people from outside its borders who seek protection, but section 3 of the Immigration Act stipulates that the federal

government also has a mandate to protect Canadians. “We’re not protecting the public,” Hugi maintains. “Our rights are being violated.”

She vows to continue writing letters to the federal minister involved, Lucienne Robillard, until she gets some action. The Infectious Disease Committee of the British Columbia Medical Association is also investigating the case.

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Dr. Maria Hugi: “Our rights are being violated.”

Nick Dilliek, Vancouver Sun