

Canada's approach to public health must be reinvented: SARS report

The advisory group appointed to assess lessons learned from Canada's recent SARS epidemic has handed federal Health Minister Anne McLellan a seemingly infinite list of problems.

In its report, the National Advisory Group on SARS and Public Health concludes that Canada was ill prepared for the outbreak and lacked both the resources and the chain of command needed to combat the virus. The group's final report says public health efforts were also dogged by poor communication and missed opportunities to contribute to SARS research.

"We were fortunate that the SARS virus is biologically handicapped," the report says. "At least in the vast majority of cases, it requires prolonged, close contact to make the short jump from one human being to another.

"Without effective public health measures, SARS would have eventually sickened virtually all 6 billion people on

this shrinking planet."

The report also argues that while the credibility of the Centers for Disease Control and Prevention (CDC) mitigates jurisdictional tensions in the US, the same cannot be said for the Population and Public Health Branch of Health Canada. As a result, the advisory group calls for the creation of a new Canadian agency that would take responsibility for public health.

Committee Chair David Naylor told *CMAJ* that the new organization won't be "buried inside a large bureaucracy with a political focus." He says it will be headed by a chief public health officer who reports directly to the health minister, and this will encourage a type of culture change that will promote cooperation among different jurisdictions.

"Who curbed the SARS outbreak?" asks Naylor, dean of medicine at the University of Toronto. "It was Toronto Public Health. It wasn't the province, and it certainly wasn't Health Canada."



Registered respiratory therapist Jacob Krygier wears a protective suit at North York General Hospital on June 4.

Despite his many concerns about the way the SARS crisis was handled, Naylor is quick to acknowledge the efforts of individual health care workers. "These extraordinary people contained SARS for the rest of Canada," he says. "Thousands rose to the occasion despite deficient systems."

Naylor says changes being recommended are needed urgently because the current public health system is a "flimsy patchwork." With spending varying widely from province to province, the result is a system that is "all over the map."

Dr. Robert Brunham, director of the University of British Columbia Centre for Disease Control and a member of the advisory committee, says his organization has a lot to offer as a potential nationwide model.

"We can mitigate outbreaks like SARS, but not everywhere in Canada are those structures in place or those programs found."

To make the required changes, the committee recommends new federal spending that would reach \$700 million annually by 2007.

This would include funding for the new CDC-type organization and its activities, as well as \$100 million annually to support the purchase of costly new vaccines.

Dr. Richard Schabas, chief of staff at Toronto's York Central Hospital and former medical officer of health for Ontario, agrees that Canada needs a new infrastructure that is at sufficient arm's length from government. However, he worries about the advisory group's objectivity. "A number of [members] were very much in leadership roles during the outbreak, and I wonder how critical they could really be." — *Allison Ganley, CMAJ*

Medical students need own charter, CFMS says

Canada's medical students want their rights protected — in writing.

During its September meeting in Kingston, Ont., the Canadian Federation of Medical Students (CFMS) vowed to increase pressure on the schools to endorse a national student charter that sets out basic rights for all senior medical students.

At the moment, the CFMS is having a hard time selling its concept to the schools. Delegates discussed ways to persuade at least some schools to endorse the charter, and ways to evaluate how well each school is doing in abiding by its terms.

School representatives have twice refused to endorse the charter, most recently when undergraduate deans met this spring. Jan Benedict, senior representative from Dalhousie medical school, said the deans are concerned about issues such as liability, which the students consider "ridiculous."

"There is nothing in there that is unrealistic," said Benedict.

"I don't know what their problem is, but we have to force accountability on this issue," said Dr. Danielle Martin, the immediate past president.

The charter deals with issues ranging from the right to work in a system free of harassment and coercion to having expenses covered for students completing mandatory rotations away from home. It also calls for provision of a personal pager for all mandatory rotations in which students are expected to be on call.

The CFMS (www.cfms.org) says there is currently nothing in place to explicitly protect students' rights while they work as clinical clerks, and the charter spells out the rights that would exist if there was a contract. "It would be a coup if we could get the medical schools to endorse this," said Martin.

The CFMS will meet with each medical school to seek endorsement, and the endorsement of organizations such as the CMA will also be sought. It also hopes to make medical students more aware of the issue. — *Pat Rich, CMAJ*