

disease transmission to correctional officers and indeed, all Canadians once inmates are released to communities.

It further states that “Taking into consideration the cost of [medical treatment], the STPI [Safer Tattooing Practices Initiative] is cost-effective if one of every 38 tattoo sessions were to result in an ‘avoided’ HCV infection, or if one of every 50 tattoo sessions resulted in an avoided HIV infection. Moreover, the Initiative is cost effective if one out of 248 sessions results in an avoided liver transplant.”

Although Coulter and the correctional officers union opposed the initiative, the report states that a survey of prison staff indicated most (64.8%) felt the pilot made the institution safer. — Wayne Kondro, *CMAJ*

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Post-SARS: more protection needed for health care workers

Four years after the trauma of the SARS outbreak that claimed 44 lives, Ontario health care workers don’t feel a whole lot safer.

“On the front lines, there is still not trust in the system.... No one will let their guard down,” says Ontario Nurses Association President Linda Haslam-Stroud. There is still “a fair bit of concern about the system,” adds Ontario Medical Association President Dr. David Bach.

But the ONA and OMA, along with others in health care, credit the provincial government with having taken some important steps toward improved safety. Funding for local public health has increased dramatically from \$266 million in 2003/04 to \$442 million in 2006/07; the Ministry of Labour has significantly boosted its inspection capability; the independence of the Chief Medical Officer of Health has been increased; money has been allocated for rebuilding public laboratories; and, according to Ontario Health Minister George Smither-

man, the province will spend \$30 million a year on a new public health agency, which will also include the new laboratory.

Still, much more needs to be done, according to *Spring of Fear*, the 1200 page final report of Ontario Superior Court Justice Archie Campbell’s SARS Commission, released Jan. 9. In particular, the report highlights the fact that communication systems have not yet been improved.

have already been acted on — the report doesn’t lay blame. Campbell told the Canadian Press that, by law, he wasn’t permitted to make findings of civil of criminal liability.

Dr. David Walker, dean of the Faculty of Health Sciences at Queen’s University and chair of an earlier expert panel on SARS that reported in April 2004, noted that Ontario’s public health system “had been allowed to decay for decades, and it can’t turn on a dime.”



Canapress

A new report on the SARS outbreak in Toronto 4 years ago highlights the need to value and protect health care workers, and improve communication.

Moving testimony from health care workers, reminding readers of the heroism shown by so many when faced with “the fog of battle against a deadly and mysterious disease,” is a key feature of the report.

But it was an outbreak that didn’t have to happen: “SARS took hold because of a confluence of systemic weaknesses in worker safety, infection control and public health,” states the report. It highlights the communication failures, jurisdictional disputes and lack of effective surveillance and emergency planning that led to the deaths and to the serious illness that afflicted more than 330 other people.

While it makes detailed recommendations for change — many of which

Key priorities now should include ensuring that health care workers “feel valued and protected,” revitalizing and staffing the provincial laboratories and training and encouraging more public health professionals, Walker says. Medical officers of health, for example, have to almost take a “vow of poverty” compared to medical colleagues and must compete with hockey rinks for municipal money, he added.

Campbell says the largest group of SARS victims was health care workers. SARS left 2 nurses and 1 doctor dead, and many others seriously ill. That toll, Walker notes, led to “a coalition of interests,” between health care professionals and the public — a coalition

that, together with the spectre of the much-predicted lethal influenza pandemic, should help ensure that recommendations from the SARS reports will be acted on.

SARS reports have generated “lots of advice and a lot of work has been created,” Minister of Health George Smitherman told *CMAJ*. But he says the province has taken the advice to heart, citing the planned creation of a new Ontario Agency for Health Protection and Promotion, as well as initiatives to mandate the availability of highly protective N95 masks for hospital staff faced with serious respiratory outbreaks.

The proposed new agency, dubbed CDC North after the famous US Centre for Disease Control, was included in an omnibus bill introduced in the provincial legislation last December and Smitherman vowed that enabling legislation will pass before the next provincial election.

“One of the most important decisions in public health” will be who will head up the new agency, says Dr. Donald Low, the chief microbiologist at Toronto’s Mount Sinai Hospital who played an important role during the SARS outbreak.

It is vital that the head of the agency be an academic researcher with a strong scientific record, added Dr. John Frank, scientific director of the Institute of Population and Public Health of the Canadian Institutes for Health Research. He predicted, however, that staffing the agency will at first present problems given the shortage of public health professionals in Canada.

Low, who is now also the medical director of the provincial health laboratories, plans to bring the laboratories “into the 21st century” and, in addition to referred work, have the labs devote 30% of their efforts towards applied research. But the laboratories, serving a population of 11 million, have only 1 medical microbiologist on staff.

“My biggest challenge is finding people,” says Low. “We have to go out and convince people that this is an exciting career, with a great potential for contributing.” — Ann Silversides, Toronto

New Ontario college for traditional Chinese medicine

Traditional Chinese medicine (TCM) and acupuncture are now officially recognized as a health profession in Ontario under new legislation that will allow practitioners of the ancient holistic therapy operate under their own regulatory college — and potentially earn the right to use the appellation “doctor.”

Bill 50, which received royal assent at Queen’s Park Dec. 20, legally recognizes the 3000-year-old traditions and paved the way for the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario, which is expected to be operating in 2 to 3 years. This is the second college of its kind in Canada. In 1999, BC became the first to set up a college for TCM and acupuncture (*CMAJ* 1999;161:1435-6), while Alberta and Quebec have since established regulatory colleges for acupuncture. An estimated 48 US states also boast some form of regulation of TCM and/or acupuncture.

TCM, a holistic method of health care commonly practiced in China, is predicated on the belief that illness and disease is caused by blockages in a person’s *qi*, a life force found in all living things. Therapies to rebalance *qi* include acupuncture, exercise, herbal therapy, tui na massage, cupping (placing heated cups on the skin to draw out stagnant

blood) and moxibustion (the burning of herbs above specific points on the body).

Ontario’s Minister of Health, George Smitherman, hailed the move as a “milestone.” “Regulating traditional Chinese medicine will help ensure that Ontarians are receiving safe, quality care from practitioners who have achieved a certain level of skill and training,” he stated.

The government estimates there are between 3000 to 4000 practitioners of TCM and acupuncture in the province, yet no uniformly accepted standards of practice in what is believed to be a multi-million dollar industry. Currently, if a person has a complaint about a TCM practitioner they must file a civil suit, which is often costly and time consuming. In addition to a disciplinary process, the college will set qualifications for practitioners of TCM or acupuncture. Those who don’t meet the standards will have to undergo training — likely a 2-year accreditation program. The college will also establish different classes of TCM practitioners, to allow for basic practitioners and those with more advanced education who would earn the title “Doctor of Chinese Medicine.”

The news was welcomed by Cedric Cheung, president of the Chinese Medicine and Acupuncture Association of Canada, who has lobbied for more than 2 decades for regulation.

“We are very, very pleased,” he said, from his office in London, Ont. The college, he says, is important “for the safety and protection of the general public.”



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Ontario practitioners of acupuncture will soon have to meet College-set qualifications.