Canada’s doctors issue dire warnings over lack of preparedness for surge of COVID-19 patients

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As the coronavirus pandemic spreads rapidly across Canada, doctors are sounding the alarm, even as they brace for the worst. Physicians and other medical professionals are concerned that the scenes of overwhelmed healthcare systems, particularly in Italy and Spain, could soon become reality across Canada due to the lack of any surge capacity in hospitals.

Epidemiological models indicate that the country could experience a sharp rise in cases, with the available infrastructure being overwhelmed within weeks. A study of Ontario’s capabilities carried out by the University of Toronto, Sunnybrook Hospital, and the University Health Network found that the province would run out of intensive care beds and ventilators in 37 days even if it manages to cut current infection rates by half. The study assumed that the average stay in an intensive care unit (ICU) ward would be eight days and that a quarter of ICU beds could be dedicated to coronavirus patients. The authors point out that even if more beds are made available, this would only alleviate conditions slightly. For example, dedicating 75 percent of all ICU beds to COVID-19 cases would buy a mere two additional weeks for the province.

Doctors have criticized the varying messages from different levels of governments and across jurisdictions. Dr. Michael Warner, the director of critical care at Michael Garron Hospital in Toronto, derided the response of officials to the impending crisis in a recent interview. He drew attention to the limited efficacy of social distancing, especially when the public has not been given clear and consistent instructions on what it precisely entails. He pointed to the suggestion, initially made by Ontario’s provincial government, that meetings of 50 persons or less were acceptable.

Warner drew similarities between Canada and Italy. He noted that the virus has ravaged the wealthy north of Italy (as opposed to the country’s much poorer south) where the healthcare system resembles Canada’s. On March 23, the Ontario and Quebec governments announced the shutdown of all nonessential services, but Warner said he fears Canadians will come to regret their having waited that long. The reality is that the provincial governments have allowed large sections of nonessential manufacturing, construction, and various resource industries to continue operating, unnecessarily exposing hundreds of thousands of workers and their families to the threat of infection.

Dr. Warner drew a bleak sketch of what might transpire in the coming weeks. He pointed out that Ontario only has 400 ICU doctors serving a population of 14 million people. A COVID-19 attack rate of 30 percent with five percent of those infected requiring intensive care would result in 200,000 new ICU patients. This would mean ICU physicians caring for 500 patients each, whereas they normally attend to a dozen or so each day. This scenario does not consider the inevitability that doctors (as well as other healthcare workers) will contract the virus themselves and require isolation or treatment.

In British Columbia, doctors wrote to the provincial NDP government to warn of the precarious position that hospitals are in, due to shortages of equipment and personnel, and to criticize the authorities’ failure to implement partial shutdowns as in Ontario and Quebec. The government has instead called for self-isolation of recent travellers and those who have had mild symptoms for at least two weeks.

A letter to the chief provincial health officer Dr. Bonnie Henry, which was signed by over 200 doctors, called for the closure of all nonessential businesses and tighter social distancing measures (the province has continued to allow gatherings of up to 50 people). Henry dismissed these proposals as unnecessary. Rallying behind the government, the president of the provincial doctors’ association authored a letter calling on members to close ranks behind the government’s messaging.

However, social distancing can only accomplish so much. The World Health Organization (WHO) has stressed that

breaking the transmission of the disease is paramount, and that this can only be accomplished by combining social distancing with mass testing and systematic contact-tracing to isolate positive cases. The WHO described not testing as akin to battling a fire blindfolded. Early analysis of success stories from South Korea as well as Italy reinforce this analysis. A study of the COVID-19 response a team of epidemiologists led in the Italian town of Vo demonstrated how systematic testing and retesting could eradicate the coronavirus. All the residents of the small town of 3,300 near Padua were tested, enabling the identification of the many asymptomatic cases, with all positive cases subsequently quarantined, and treated if symptomatic.

Hospitals are using a number of stopgap measures to prevent a calamity on the scale of what has taken place in Italy. Procedures deemed not to be urgent, including cancer surgeries, are being postponed, and patients awaiting transfer to other facilities (usually long-term care facilities) are being put in temporary housing, including hotel rooms. Doctors and nurses usually assigned to different wards are being trained to work in the intensive care units. Thousands of medical residents whose exams have been delayed due to the pandemic outbreak may receive provisional qualifications, while retired doctors and nurses are being encouraged to offer their assistance.

These provisions fall well short of what is necessary to strengthen the healthcare system to confront the surging pandemic. Moreover, the diversion of scant resources, both equipment and personnel, to fighting the pandemic will invariably result in increased deaths from conditions other than COVID-19, as overwhelmed hospitals postpone treatments and diagnostic tests.

Dr. Warner also noted that the government has not taken other measures to prepare, such as putting in place educational systems to assist in training other medical professionals who may be needed in intensive care units. In addition to medical workers, orderlies and custodial staff are needed for decontaminating surfaces and preparing beds.

Personal protective equipment is also in short supply, necessitating the reuse of gowns, masks, and other equipment, which increases the risks to doctors and nurses. However, the greatest concern remains the shortage of ventilators. Doctors have criticized the paltry 300 additional units acquired by the Ontario government in recent weeks as being well short of what is needed. Ventilators are usually needed for at least 3 weeks for each patient. In a situation where approximately 4 percent of those infected with COVID-19 according to some estimates require a ventilator, many patients will be left without the treatment they desperately need to survive.

The federal Liberal government and its provincial counterparts have done virtually nothing to tackle the disastrous conditions in the healthcare system that are the product of decades of austerity and privatization. While handing hundreds of billions of dollars to the banks and big business, the Trudeau government has announced a paltry $1 billion in additional healthcare funding. It is in currently haggling with over 2,000 for-profit companies, all of whom are seeking to secure their own pound of flesh during the pandemic, to produce urgently needed medical equipment and supplies.

This inept and haphazard response, which expresses the ruling elite's contempt and criminal disregard for the health and well-being of working people, is forcing medical professionals to prepare to make harrowing choices. Hospitals are putting in place protocols to determine who among the gravely ill receives treatment and who will be left without the medical help they need. With the ostensible aim of "relieving" severely overworked physicians from having to take such painful decisions, British Columbia has instituted a system whereby a committee, composed in part by "medical ethicists," will decide how to allocate scarce resources, effectively choosing who is to be given medical help and who is to be left to die.

The fact that such arrangements will not only be used in a handful of cases, but on a mass scale, can be seen if one considers the situation in Nanaimo, a mid-sized city on Vancouver Island with 90,000 inhabitants. Michael Kenyon, an intensive care doctor at a local hospital, provided an estimate to the *Globe and Mail* that around 900 residents will require a ventilator. This was based on the relatively conservative assumption that 25 percent of Nanaimo's population would get infected, with 4 percent of those with COVID-19 requiring intensive care. However, Kenyon told the *Globe* he has just 14 ventilators. "What am I going to do with 14 ventilators?" he stated. "I can tell you what I'm going to do: I'm going to do what they're doing in Italy and I'm going to take 70-year-olds off the ventilator, and then 60-year-olds off the ventilator and eventually 50-year-olds off the ventilator, and I'm going to give them to 30-year-olds with three kids."