Reflections while under SARS quarantine

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I’ve been an emergency physician for 19 years, initially working at Shaughnessy Hospital, in Vancouver, and then, when it closed, I moved to Vancouver General. During that time I raised a family and lived the ups and downs of a shift-working mother. By and large, I enjoy my work in the ED and have thrived on the opportunity to have a positive impact on people’s lives and health.

Like all emergency physicians, I’ve always known that there are personal risks associated with my job. I’ve poked myself with dirty needles, prompting me to recall my last hepatitis shot, and I often wonder about my patients’ HIV status. I’ve accepted that caring for patients with overwhelming sepsis or meningitis may require me to take antibiotic prophylaxis. I’ve shrugged my shoulders at the risk of TB, secretly hoping that my healthy, well nourished body would protect me. And I’ve had to negotiate with violent patients, hoping to calm them and avoid injury.

But now we have a new problem to deal with called SARS, and it has shaken us all.

My story starts in early April, during a routine day shift in our minor care area. A previously well middle-aged man, recently returned from Hong Kong, presented with fever. Because SARS was already recognized and we’d gone through the recent experience of a crash intubation with our first case at Vancouver General, this patient was isolated at the triage area and we gowned and masked to examine him.

Apart from a temperature of 37.8°C, his vital signs were normal and he looked well. He had no other symptoms, and his physical examination, CBC, urinalysis, and chest x-ray were all normal. Although the patient did not fulfill the case definition of SARS then in existence, I kept him in isolation “just in case.” However, when I went in to give him discharge instructions I did not wear a mask but stood just inside the doorway, about two meters from him. Almost predictably, he returned with the full SARS syndrome just over 24 hours later. And wouldn’t you know it, by then, the case definition of SARS had changed!

I briefly wondered if I could pretend I was not in his room unmasked, but the thought of potentially disseminating a lethal virus persuaded me to do my civic duty and tell my boss. Two hours later Public Health phoned to inform me I was officially quarantined. Needless to say, my husband, also a physician, was incredulous and my kids were terrified. I thought it was kind of funny for the first day, like someone was playing a bad joke. Then the reality began to hit home, and I can tell you the reality was difficult to live with.

This is what Public Health told me.

• I must stay inside my house (preferably within my bedroom) 24 hours a day.
• I must not touch anyone in my family.
• I must wear an N95 mask if anyone is in the same room as me.

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I must not prepare uncooked food for my family.
I must not sleep with my husband.
I must use a separate bathroom.
I must not touch anything in the house that the kids might later touch.
I must not use the family computer or the main phone.
I cannot have outside visitors.
I cannot shop for groceries.
I cannot go for a walk.

The quarantine requirements were not voluntary, but were enforced by Public Health, who contacted me daily to gauge my cooperation. If I did not comply, it was clear that I would be legally compelled to do so. All this took place under the shadow of potentially transmitting SARS to my family, the people I love more than anything in the world.

Although I suffered an occupational exposure, I was not covered by Workers’ Compensation. I believe we need to negotiate with our hospitals and governments to put financial packages in place.

My nine days of quarantine were a blur of extreme boredom, some highly emotional episodes, and a re-evaluation of what I do for a living. One of our daughters moved out for the duration. Another celebrated her 16th birthday without a hug, cake or present from her housebound mother. And my son told me daily how much he wanted a snuggle. I felt guilty that my colleagues, all of whom are already overworked, had to pick up extra shifts to cover me during my enforced absence. As if all this were not enough, it slowly dawned on me that I wasn’t earning any income, and would have to put in extra shifts after my quarantine was over. I decided I never wanted to see another N95 mask again.

What did I learn from my experience?

First, it is very isolating and lonely to be a “leper.” I hugely appreciated the calls and emails I received from my colleagues while I was off. It helped enormously to know they were thinking of me, and didn’t think I’d “screwed up.”

Second, I think all emergency physicians should consider the financial implications of a sudden enforced quarantine. None of us have disability insurance that would commence quickly enough. To be under quarantine is difficult enough without the added burden of a financial penalty. Although I suffered an occupational exposure, I was not covered by Workers’ Compensation. I believe we need to negotiate with our hospitals and governments to put financial packages in place. Many hospitals are starting to compensate self-employed health care workers for income missed during quarantine. I would go further and suggest a per diem rate for days confined due to occupational exposures. Although no one can compensate me enough for nine lost days of my life, a token payment certainly wouldn’t hurt.

Finally, as emergency physicians we do a far more difficult and noble job than I had ever realized — each and every one of us. The consequences of what we do to care for our patients and protect the public are risks that put ourselves and our families in potential danger. This is something we never think about or acknowledge, but maybe we should. And maybe we should celebrate ourselves more than we do. I have huge admiration for my emergency medicine colleagues who had far worse exposures than I did in the early phase of the SARS crisis.

Perhaps the time has come to let other physicians and our administrators know that what we do, every day, is heroic.

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