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Ontario issues final SARS Commission report

Following an outbreak of severe acute respiratory syndrome (SARS) in a Toronto hospital in March, 2003, which killed 44 people, the Ontario government commissioned an investigation. Paul Webster reviews the findings of the third and final report from the SARS Commission.

The final report of a government-commissioned investigation into the 2003 outbreak of SARS in Toronto that killed 44 blames hospital downsizing and warns "serious problems persist and much remains to be done".

The 1200-page report of the SARS Commission, headed by Ontario Judge Archie Campbell, focuses on the plight of the nurses, doctors, and other health workers who constituted the largest single group of Toronto SARS cases.

The report notes that only five of 25 recommendations in previous reports from the commission have so far been accepted by administrators of the health system serving Ontario's 13 million inhabitants. The system is operated and largely financed by the Government of the Province of Ontario.

Judge Campbell worries "if we do not learn from SARS and we do not make the government fix the problems that remain, we will pay a terrible price in the next pandemic."

Although he acknowledged that deep cuts to staffing levels at Ontario hospitals and local public-health team at the government's infectious diseases laboratory, preceded the

SARS crisis and exacerbated its force, Judge Campbell avoided blaming individuals in his three reports, which assessed the integrity of the public-health system, the functioning of its chief medical officers, and the state of labour relations among health workers.

"There is no finding of fault. I wasn't by law permitted to make findings of civil or criminal liability", Judge Campbell explained to the Canadian Press news agency in his only interview following release of his report.

Robin Williams, Medical Officer of Health for the Niagara Region southwest of Toronto told *The Lancet* that Campbell's three reports indicate "we have a system operating at full capacity and if we have a pandemic, or another epidemic, we are going to be challenged".

Should another hospital-based epidemic emerge, Williams believes Ontario is reasonably well prepared. But she adds an important warning: "What we are avidly preparing for is a community-based epidemic, which is a whole different matter than a hospital-based outbreak. There are still a lot of unknowns."

Donald Low, chief microbiologist at Toronto's Mount Sinai hospital, says the post-crisis SARS reviews have been intensive and useful. And Low states that Ontario's response to the reviews is a work in progress that has made remarkable headway. "People have seen what can happen, and they've been willing to contribute".

Low and Moore say the passage of legislation to create an Ontario Public Health Agency later this year will mark an important further step toward fixing problems.

Although Low says pandemic planning remains "an overwhelming

problem", he thinks that the SARS experience has ensured that "Ontario is probably now better prepared than most other jurisdictions".

Linda Haslam-Stroud, president of the Ontario Nurses Association, which represents 52 000 health workers across the province, praises the latest report from the SARS commission for identifying "major concerns of continuing discord" between Ontario's labour and health ministries.

For example, Haslam-Stroud says she wants Ontario labour officials to insist that health-care employers provide respiratory protective devices with a filter efficiency of 95% or greater. Ontario's pandemic plan currently stipulates only the use of surgical masks, she told *The Lancet*.

Although the SARS Commission has established that "hospitals are as dangerous as mines and factories", says Haslam-Stroud, "we lack the basic health and safety culture and systems to protect us".

The most important message from the Commission is its emphasis on the application of the "precautionary principle", says Haslam-Stroud.

In his final report, Judge Campbell notes "a systemic failure to recognize the precautionary principle in health worker safety, and in the identification and diagnosis of a respiratory illness that mimicked the symptoms of other, better-known diseases".

In future, health officials should "err on the side of caution", believes Haslam-Stroud. But the most important lesson overall she says: "Frontline health care workers should be listened to by their employers."

Paul Webster

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