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# Canada's Ebola scare over but questions just beginning

It was 7 am on Feb. 5 when Dr. Douglas MacPherson, a tropical disease expert at the Hamilton Health Sciences Corporation, received a call from the neighbouring Henderson Hospital asking for help in diagnosing a 32-year-old Congolese woman brought to the hospital the night before. Three hours later, MacPherson walked into the intensive care unit, spent 5 minutes examining the patient and talking to doctors, and then ordered the national contingency plan for viral hemorrhagic fevers (**www.hc-sc.gc.ca/hpb/lcdc/publicat/ccdr/97vol23/continge/index.html**) put into effect.

Although fears of an Ebola-type outbreak eventually proved groundless, MacPherson, who was moving to a new job with Health Canada the following week, says the contingency plan worked well. It was brought into play because of the woman's country of origin — Ebola and other hemorrhagic fevers have taken thousands of lives in Africa — and the fact she was bleeding from the mucous membranes and had severe flu-like symptoms.

The contingency plan called for the introduction of a strict protocol: isolation of the patient, the introduction of precautionary measures such as contamination suits, communicating plans to health care workers and the public, and arranging for the transportation of the patient's body fluids to the 2-year-old Canadian Science Centre for Human and Animal Health in Winnipeg for testing. Body fluid samples were also sent to the Centers for Disease Control and Prevention in Atlanta for confirmatory testing. The contingency plan also involved monitoring 70 people, mostly hospital and laboratory staff, who had come in contact with the woman or her body fluids.

"I would say it [the plan] is probably as good as you're going to get," MacPherson told *CMAJ*. He says the question now does not concern whether medical procedures were followed properly — he says they were — but what might have happened had the same incident occurred at a small, out-of-the-way community hospital instead of a tertiary care centre. He says the issues raised by this case should teach a powerful lesson to anyone diagnosing patients in what is now a global community.

"We have porous borders and high volumes of people moving within wide areas of the world. In every diagnosis we have to be thinking, 'Where did this person come from? What [has she] been doing since [she] got here?' This is an essential part of clinical diagnosis."

Over the next few years, he says, more than a billion people will be travelling annually from one area of the world to an-

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## Health policy analyst, economist CMA's new secretary general

Courtesy Bill Tholl

**Bill Tholl, daughter Alexa: a vote of confidence**

If the Canada Health Act (CHA) becomes a political hot potato again, the CMA won't have to look far for advice on how to respond. Its new secretary general, Bill Tholl, was one of the 3 Health Canada personnel who helped craft the CHA, which has set the rules for Canada's medicare system for the past 16 years. Tholl, who left Health Canada in 1990 to become the CMA's director of health policy and economics, has been executive director at the Heart and Stroke Foundation of Canada since 1996. He returns to the CMA as its senior nonelected official Apr. 17. He is only the second nonphysician to hold the job in the CMA's 133-year history. "I see it as a vote of confidence in what I've done at the CMA and Heart and Stroke, " he says.

About his new job, he adds: "I'm hopeful about the future for medicine, medicare and for health care. We just survived the black '90s, and they left medicare a severely traumatized patient. Two budgets ago we received stabilization of funding for health care, and then last September the Health Care Action Plan restored funding, with the CMA playing a critical role in both accomplishments. Now that the patient has been stabilized, we must transport medicare into the future and ensure that money invested in this patient is invested strategically."

Tholl says improving professional unity is a key priority. "We have to overcome the real or perceived lack of common purpose between the CMA and its divisions. We have to get back to basics and establish a stronger sense that we are in this together." He also thinks the CMA has become "unplugged" in terms of the opportunities presented by last September's federal-provincial health accord and the creation of the Canadian Institutes of Health Research. "I want to work on getting us plugged in. You're going to see a lot more policy research that will allow us to take our messages to [Parliament] Hill and to Tunney's Pasture [Health Canada headquarters]."

As for the Canada Health Act, Tholl remains proud of his involvement. "I'm not saying it's perfect," he says, "but the CHA guarantees that medicare's fundamentals are sound, and that fact helped shield MDs from the worst of the '90s recession."

He replaces Dr. Peter Vaughan, who left the secretary general's job last year. — *Patrick Sullivan*, CMAJ