

Doctor's note reveals system's sad reality

by Christie Blatchford

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It is a letter both proud and plaintive.

It is in its way as heartbreaking as its subject, the death of a lovely young woman named Patricia Vepari, is tragic.

I got the letter yesterday from William Plaxton, who is the chief of critical care medicine at Kitchener's Grand River Hospital, an institution I've been writing about for the past two days.

It was at Dr. Plaxton's hospital that Ms. Vepari, a 21-year-old chemical engineering student at the University of Waterloo, died early on the morning of Feb. 4. She died of septic shock complicated by multi-organ failure, the raging infection caused when a bacterium called *Neisseria meningitidis* overwhelmed her body's defences and entered her bloodstream.

It was not meningitis, though sometimes such bacterial meningococcal disease can cause meningitis (an inflammation of the lining of the brain), and though the diseases share some of the same misleading flu-like symptoms as well as confusingly similar names.

As Dr. Plaxton pointed out, the story of Ms. Vepari's death has focused mainly upon her ER waiting time.

The night she first arrived in the company of her friend and roommate Shawn Morel — this was the evening of Feb. 2 — her symptoms included nausea, a sore throat and a fever. She was told that she faced an eight- or nine-hour wait before she would be seen by a doctor; she decided, as Dr. Plaxton said "many reasonable people would do," to go home instead to the comfort of her bed.

Dr. Plaxton said she signed herself out against medical advice; Mr. Morel remembered it differently, but it is a niggling point in the scheme of things. There's no dispute that she left, and none that it was a reasonable thing.

The next morning, Ms. Vepari went to the university's student clinic, where in fairly short order, she was sent to St. Mary's Hospital, put on life support and stabilized, and transferred to Grand River's intensive care unit.

By then, according to Dr. Plaxton, her condition had worsened such that current medical literature estimates her likelihood of dying was 53 per cent; several hours later, her condition had deteriorated such that the odds against her had dramatically increased.

This is the virulent, lethal nature of meningococemia.

The battle to save Ms. Vepari, Dr. Plaxton said, lasted more than nine hours, during which, he wrote, "a staff intensivist, four ICU-specialized nurses and two respiratory therapists did not leave her bedside."

In the wake of her death, there were numerous "high-level" meetings, their purpose "to ensure that our systems and processes, at every point of care, did not break down. Our organization required assurance that every effort was made to identify ways that future events like Patricia's could be avoided."

The result of the review, made in conjunction with the Ontario coroners office, "was that no single person or process failed Patricia."

Dr. Plaxton granted that this conclusion "must be difficult for the average Canadian to comprehend. Clearly, one would argue, some one person or group must have failed this woman. Patricia came to the ER and couldn't get in to see a doctor soon enough because of the wait."

But, he said, "the truth about wait lists is that whether they involve getting through an ER waiting room or getting to an operating room — each is a symptom of a troubled medicare system.

"Canada's medicare is straining under excess demand for access . . . and increasingly scarce resources."

Dr. Plaxton explained how the ER wait is "the most visible barometer of any hospital's inner machinery." But doctors and nurses can take in patients only to the extent that the back-shop operations, as he called them, are working smoothly.

They can move through the system only as fast as the slowest bottleneck in the processes relied upon by ER doctors to decide whom

to admit, transfer or send home. Any delay — in taking a history, getting a test for a patient, finding a specialist — results in a longer wait for the ER decision, and a longer queue.

“Many would be surprised,” Dr. Plaxton said, “to know that ER wait times as long as the one Patricia faced are not uncommon across Ontario — and Canada. The ER, although the most visible waiting line, is only one of hundreds of different queues that Canadians encounter every day.”

He pointed out that “picking out, at the triage desk, the one sore throat and fever that could be life-threatening out of hundreds that are not, is the reality of life in the emergency room.” He said flatly that “ER wait times are not shortening any time soon across Canada. This means we must be even better at finding the rare, potentially life threatened patient out of the masses who arrive in our ER waiting rooms.”

Other outcomes, he said, can be just as tragic, and even more common, as Patricia's, and here he mentioned “John Doe's now inoperable tumour that may have been surgically treatable with an earlier CT scan” or “Jane Doe's stroke that may have been successfully thrombolysed if she lived closer to an urban centre.” These, Dr. Plaxton said, “are not unusual stories.”

He clearly felt that his staff, and his hospital, were under attack; “a witch hunt of blame” is how he described it. His people, his ER nurses and “an entire ER community is devastated.”

It is a wonderful and terrible letter. It evokes the noble battles fought every day in hospitals, speaks to the humanity of the people who work within the system, and mostly, it is evidence of how, increasingly, Canadian doctors and nurses wage that war with one hand tied behind their backs.

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Vaccine available

A vaccine that protects against the strain of meningococcal disease that killed a University of Waterloo student last month is now available free for most Ontario high school students.

"The government did a really good thing with this program," said **Dion Neame**, a Hamilton doctor who acts as the medical adviser to the Meningitis Research Foundation of Canada, the group that pushed for the vaccine to be made readily available.

The foundation was formed after the 1995 death of 19-year-old Michael Longo, a student at St. David Catholic Secondary School in Waterloo who is described by his former teacher, Mike Redfearn, as "a brilliant kid with his whole life in front of him."

Until June, the vaccine will be given in school to children now aged 15 to 19, with other clinics aimed at 12-year-olds starting later this spring.

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