

The Dilemma of Being Hospital Workers: The SARS Crisis at Hospitals of Taiwan

人權、屈從：SARS 在台灣

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Abstract

On February 22, 2003, the new disease SARS broke out in a number of countries. At the Hoping Hospital of Taiwan, the health workers had gone through a great suffer, both mentally and physically. Actually, compared to the physical impact from SARS invasion, these health workers suffered much from the authority control of Taipei City government. Understanding the past SARS event will lead the public health decision-makers to face the terrible attack of viruses in the future. An efficient decision of public health may increase the health workers' recognition of protecting themselves. This paper intends to lead a reflection on SARS crisis and human right.

Key words: SARS, virus, authority control, recognition

摘要

2003年SARS肆虐台灣，由於台北市政府對和平醫院進行封院的措施，導致醫療工作人員身心遭受重大衝擊。本研究係探討醫療工作人員面對SARS所引發的人權與來自政府公權力的屈從，兩者互相衝擊所引起的醫療倫理問題。深入的了解過去的這段歷史所引發的問題，將提升公共衛生決策者，未來面對新興病源體肆虐的處理方式。

關鍵詞：SARS、感染控制、人權



Introduction

On February, 22, 2003, when the index case of new disease SARS (Severe Acute Respiratory Syndrome) was reported in Hong Kong, Taiwan's people were frightened. According to the statistics of WHO (World Health Organization) reported on July 14, 2003, it was shown that there were 8437 confirmation cases, ten thousand suspected cases as well as 813 victims. As in Taiwan, after the SARS violently spread over, the total number of victims was 73 people, including 2 doctors, 4 nurses, and 1 medical technician.¹

When the SARS spread over Taiwan, there was an outbreak of "cluster" infection at Hoping Hospital in Taipei (The capital of Taiwan). The Taipei City Government, in order to prevent the transmission of SARS, decided to shut down this hospital and quarantined all the staffs, doctors, nurses, and patients. Without notice, the abrupt quarantine decision resulted that many doctors and nurses at Hoping Hospital rejected to be quarantined. From the Internet (<http://morpheus.typepad.com/iait/2004/09/sars.html>), a healthcare worker who was quarantined wrote that, "...At that time, we doubt the whole hospital area was suffering from the serious SARS infection. The situation was very like the medieval era. We and infected patients were simultaneously supervised and controlled. Nevertheless, does it mean that when the SARS is out of control, we should be sacrificed and fired with infected patients?" Also, the abrupt quarantine decision resulted in serious conflict between the protection of human right and the compliance with authority. Figure 1² shows the nurses' protest at the Hoping Hospital; they argued about their human rights and protested against the way they were treated. Besides, after watching the news about Hoping Hospital on television, others hospitals' nurses decided to quit their jobs. They were afraid of being quarantined if the hospitals they served would have the SARS spreading. Thus, at that time many hospitals were short of nurses to take care of patients.



Source: ETtoday.com.²

Figure 1- The nurses' protest at the Hoping Hospital

The objective of this study was to explore the impact of the SARS crisis on healthcare workers in hospitals of Taiwan. The author used the qualitative method to investigate the SARS crisis at the Hoping Hospital. According the data from this hospital, when the SARS was spreading, more than 20% of nurses quit their jobs, and

some doctors refused to enter the hospital to take care of SARS patients. At that time, many people began to blame that these doctors and nurses lacked medical and nursing ethics. However, it is true that these healthcare workers are workers without medical and nursing ethics?

The Impact of the SARS Crisis

In this study, an administrator, an occupational hygiene professional, a doctor, and three nurses were interviewed to obtain relevant data to explore the impact of the SARS crisis on healthcare workers during SARS period. The administrator interviewed was the chairman of the department of human resource at the hospital. The doctor was the chairman of the infection control. The results of the investigation showed that when the SARS was spreading, many doctors, nurses, and other healthcare workers, physically and mentally, had gone through a heavy pressure. The heavy pressure mainly came from the fear of being infected and from the fear of going to die.

The Fear of Being Infected

Owing to the shortage of the SARS's medical information, many nurses did not know how to protect themselves. A head nurse said that, "When the Department of Health (Taiwan) announced that the hospital I served for was the main hospital to receive the SARS patients, my colleagues felt extreme panic. Many nurses submitted the resignation and wanted to quit their job. No safety and health professionals taught us how to prevent from SARS infection."

In fact, when the SARS event ended, the result showed that if the healthcare workers used the personal protective equipment correctly, including gloves, clothes, and glasses, then it would not be easy for them to get infected. The reason for the fear of infection was the shortage of the SARS's recognition as well as the shortage of personal protective equipment. The shortage of the SARS's medical information was because SARS was a new disease. Initially, there was no diagnosis method to make sure what disease it was. The doctor could only make judgment from taking the reference the WHO's announced. The WHO's information was shown as Table 1.³

Table 1. Case definition of SARS

Respiratory illness of unknown etiology breaking out since February 1, 2003, meeting the following criteria:

1. Measured temperature > 100.4°F;
2. One or more clinical findings of respiratory illness (for instance, coughing, hypoxia, shortness or difficulty in breathing or radiographic findings of either pneumonia or acute respiratory distress syndrome);
3. Travel within 30 days to any area with documented or suspected community transmission of SARS, with the onset of the above symptoms;
4. Close contact within 10 days with either a person with a respiratory illness traveling patient, with the onset of the above symptoms.

Source. WHO, 2003.³

The chairman of infection control said "...the WHO's judgment is a rough judgment method. In fact, many flues also have the same symptoms..." The unknown information resulted that many nurses were afraid of being infected.

The Fear of Going to Die

According to the news on television, it was continued to be announced that, "A person is dead; this is a doubtful case", "No medical method can rescue the SARS patient." The phenomenon resulted in these healthcare workers' fear of being infected. After a patient staying at Hoping Hospital committed suicide, a nurse said that, "...If I am infected with SARS, I am afraid of dying...in the Hoping hospital, it is shown that no medical treatment can cure the patient; otherwise, why the patient chooses to commit suicide... Being a nurse, I am willing to take care of patients, but I need some masks to protect myself... I don't know why the administrators don't want to offer personal protection equipment to us... They say they are running out of it."

When the SARS ended, it proved that this disease was not so scaring and not so terrible. The insufficiency of medical information and personal protective equipment resulted in "the fear of going to die" among healthcare workers. Owing to the psychological impact, many people lost their judging ability.

Results and Discussion

This paper was to investigate the SARS impact on the healthcare workers at the Hoping Hospital. The results of the collected interview data were analyzed to interpret why the healthcare workers in Taiwan could not keep devoted to their positions. On April 24th, when Hoping Hospital was sealed off, scenes of bottle-throwing protests with Taipei mayor and government about the unprecautious quarantine measures were beamed by TV channels all over Taiwan and the world. Actually, the outside world had no idea and no way of knowing what was going on inside the hospital. After interviewing the healthcare workers taking care of SARS patients to investigate why the staff protested so vehemently, it was known that these healthcare workers were protesting against the inhuman treatment: they were unwilling to become victims of the administrators' and government's negligence and incompetence.

Sacrifice versus Human Right

The American Nurses Association Code of ethics states that, "The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to promote competence, and to continue personal and professional growth."⁴ When the doctors and nurses rejected entering the hospital to take care of SARS patients with the fear of being infected and isolated, many people claimed that these healthcare workers lacked nursing ethics and medical ethics. Many hospitals confronted the problem that many nurses quit their job. One nurse stayed in Hoping Hospital said that, "...If I have no economic problem, I would also leave this job...I know being a nurse, I have the duty to take care of SARS patients. But the problem is

that the hospital should have offered me personal protective equipment.... I have my own human right... If you were a nurse, were you willing to take care of SARS patients without any protective measures?" It is generally agreed that there are four major guiding principles in medical ethics: respect for autonomy, beneficence, non-maleficence, and justice.⁴ It is suggested that while in medical and nursing care, appropriate consideration of all these principles is crucial to ensure patients' human right. However, according to the American Nurses Association Code of ethics, nurses also owe the same duty to themselves: they should know how to protect themselves first and then to protect and take care others. In other words, both the nurses' human and the patients' human right should be appreciated.

After interviewing the healthcare workers taking care of SARS patients, it was known that these healthcare workers had an anger toward the hospital's incompetent administration and inappropriate management procedures, which let them fall into the victims of this negligent and incompetent management.

While fighting against SARS, healthcare workers were constantly exposed to SARS infection from patients with pneumonia at the onset of an epidemic. Therefore, they were at an increased risk of acquiring SARS. In order to prevent these workers from being infected, specific infection-control measures and contact precautions against SARS should be adopted to protect the lives of healthcare workers. Hence, these healthcare workers having contact with SARS patients should use personal protective equipment, including gowns, gloves, N95 respirators, disposable cap, and shoe covers to protect themselves. While following standard precautions and wearing full personal protective equipment, these healthcare workers would not be easily infected with SARS. However, due to the hospital's administrator's negligence and incompetence at handling the SARS crisis at Hoping, massive social, health, and economic losses for the entire nation incurred.

Healthcare workers at Hoping accused the hospital's authorities of deliberately hiding SARS cases. Two days before the hospital was shut down, the hospital's superintendent Wu and the director of its infectious disease department Lin reported that there was no SARS case. Later, they were accused of not telling the doctors and nurses that there were SARS patients at the hospital, failing to adopt quarantine measures and not notifying other hospitals that suspected SARS patients were being transferred to from Hoping, which led to mass infections both at Hoping and Jen Chi Hospital.⁵ Besides, healthcare workers, without knowing that they had contacted with SARS patients, did not use full personal protective equipment to protect themselves. Therefore, some workers were infected with and died of SARS.

Ignorance versus. Negligence

Without knowing that there were SARS patients at the hospital, many healthcare workers failed to adopt precautionary measures to protect themselves and died of SARS. The hospital's administrator must take the responsibility for the death of these

healthcare workers and also the outbreak of the sudden catastrophe. One professional on occupational hygiene said that, "Initially, when I knew that no right information could be offered to doctors to avoid being infected, I suggested the infection committee to use the method of occupational hygiene to control the loss, but no committee would take my suggestion. The reason was that they always felt there were the only experts...In fact, when the SARS broke out very seriously, many occupational hygiene professionals suggested to adopt the management to control the outbreak of SARS..." Definitely, in order to control the spread of SARS, it needs both the effort of occupational hygiene professionals and the effort of CDC professionals.⁶ Lee, a doctor and also the chairman of the infection control, said that, "Actually, the SARS infection could be controlled...the management method from occupational hygiene's professional' suggestions played an important role..." and "Most importantly, the top administrator should have listened to professionals' suggestions."

In order to fight against the spread of SARS, the professionals of occupational hygiene should aim at adopting an advisory and problem-solving strategy,⁷ and while at the same time, they should acknowledge that there were a variety of individual and organizational factors which could either block or facilitate the procedure of conducting occupational hygiene. Technical controls could be conceptualized in terms of a cycle--involving the identification of hazards in terms of their origins and manifestations, assessment and evaluation of the risk, development of controls and standards to eliminate or to mitigate the consequences of the hazards, implementation of controls and standards, and longer term monitoring and adaptation of risk and standards. Hence, In order to prevent from being infected, these healthcare workers having contacted with SARS patients should use full personal protective equipment to lessen the chance of being infected. While following standard precautions and wearing full personal protective equipment, the healthcare workers would not be easily infected. However, because the hospital's administrators deliberately suppressed information about SARS, these technical controls and precautions could not be adopted in time. . While doctors, nurses, and other health professionals were fighting against SARS, they needed as much as information as possible to be able to deal with the disease because early diagnosis was essential to halt the spread of SARS. Unfortunately, these Taiwanese doctors had difficulty gaining access to the information about the disease. Since the pathways of SARS spreading were still unknown and under investigation; this had made the control of SARS very difficult. Nevertheless, nothing appeared worse than the administrators' deliberately hiding the truth, which made the epidemic situation getting worse and worse.

Conclusion

The outbreak and spread of severe acute respiratory syndrome brought illness, death, and economic peril to Taiwan. During SARS period, the healthcare workers' medical and nursing ethics had always been questioned. The courses of medical and

nursing ethics always teach the healthcare workers how to hold “responsibility” toward their job or how to play the right role in the healthcare. However, while the healthcare workers suffered the severe SARS challenge and their lives were in danger, it was natural that they would fall into their medical/nursing dilemma in which they were under pressure to decide whether they should stay at hospital to take care of their patients or to flee away to reduce the risk of being infected. With an eye to reducing the healthcare workers’ anxiety of being infected, the hospital’s administrators had the responsibility to provide protection against physical, emotional, mental, and social injury of these healthcare workers because they were the people on the front line of the battle against SARS. They needed as much as information and protection as possible to be able to deal with the disease.

In order to prevent healthcare workers from being infected, the administrators needed to set up an emergence response planning to avoid the impact of terrible SARS virus invasion. They should undertake the responsibility to direct additional safeguards and guidelines to protect the rights and welfare of SARS patients and healthcare workers. Unfortunately, during SARS infection period, without medical information, the new disease SARS could not be identified in time. Moreover, in worse conditions, the administrators’ deliberately not to telling the doctors and nurses about having SARS patients in the hospital let the healthcare workers not be able to make early diagnosis to halt the spread of SARS and let the professionals of occupational hygiene not be able to adopt an advisory and problem-solving strategy to take technical control over the spread of SARS. As a result, it became totally impossible to control the spread of this new disease. With the negligence and incompetence of the administrators, many hospital staff, patients, and patients’ families were infected at the same time. Besides, without good preparation, Taipei City Government suddenly shut down the hospital and sealed off its premises entirely, which caused four thousand people being locked inside Hoping Hospital. This strong but inhuman measure resulted in a mass SARS panic.

While the selfless nurses and doctors sacrificed their time and lives in taking care of SARS patients, mistakes caused by these healthcare workers’ ignorance could be forgiven because at that time the virus was unknown and could not be identified. Suppose these administrators, with an eye to avoiding workers suffering from SARS, should enact standard facilities/operation procedures and the methods of measurement to protect healthcare workers’ safety. However, unfortunately, the administrators at Hoping clearly knew that there was a SARS patient at the hospital but deliberately concealed the information, transferred the SARS patient to other hospital without notice, and further made the SARS spread out of control. This kind of mistake would never be forgiven.

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