

Quebec doctor's death highlights pandemic toll on health workers

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Medical leaders are concerned about increasing pressures on health care workers during the COVID-19 pandemic following the suicide of Dr. Karine Dion, a 35-year-old emergency physician in Granby, Que.

Described by her loved ones as an incredible woman, Dion had been practising medicine for a decade and was on her second mental health leave when she died. Dion's husband, David Daigle, says she was exhausted from the stress of the pandemic.

According to Dr. Caroline Gerin-Lajoie, executive vice-president of physician wellness and medical culture at the Canadian Medical Association (CMA), Dion's tragic death "reminds us that the COVID-19

pandemic continues to take an enormous toll. Our sincere condolences go out to Dr. Karine Dion's loved ones and colleagues during this incredibly difficult time."

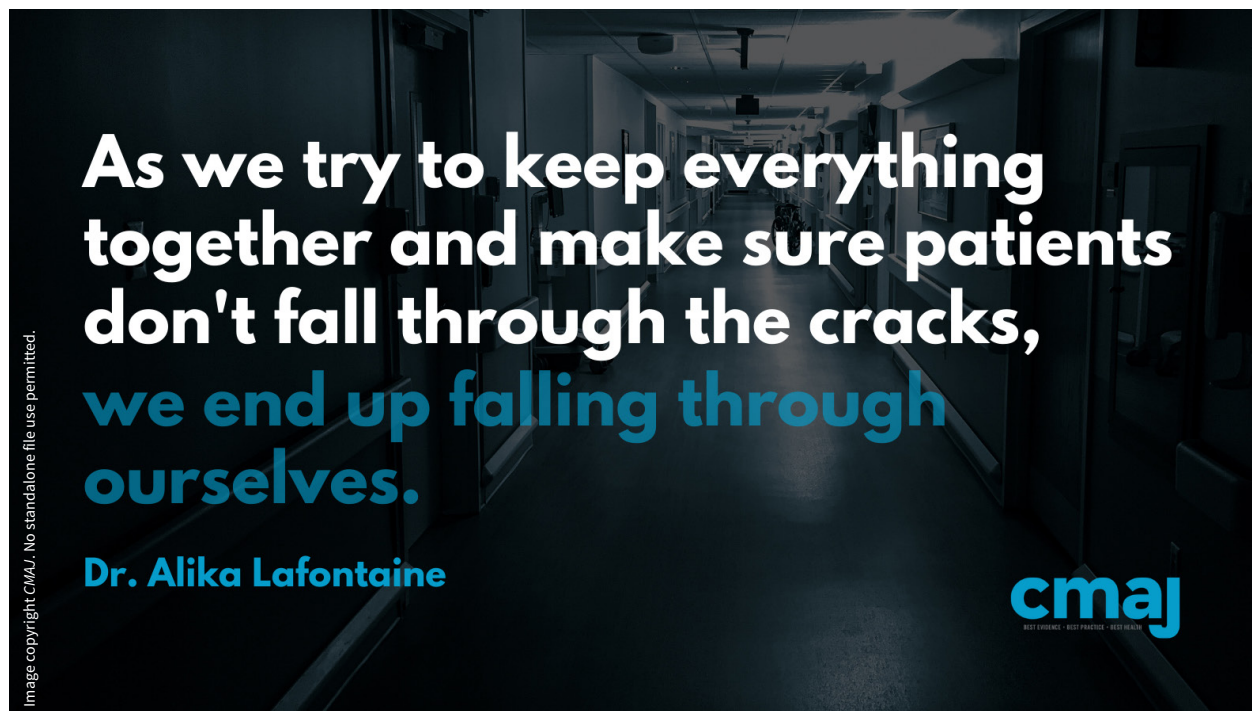
Gerin-Lajoie urged physicians to "reach out if you need help and to speak up if you see a colleague who is struggling. Professional support is always available to you and your family through your physician health program and [the CMA's] confidential, 24/7 wellness support line."

However, Dion's family and others say health care workers aren't getting enough support to cope with the added pressures of the pandemic.

Dion isn't the first casualty of pandemic burnout. In late April 2020, Dr. Lorna Breen, a New York emergency physician

who treated patients with COVID-19, died by suicide. Breen's family attributed her death to the overwhelming demands of working in a hospital hit hard by the first wave. Normally unflappable, Breen had told her friends: "I couldn't help anyone. I couldn't do anything. I just wanted to help people, and I couldn't do anything."

Physician burnout has been a growing concern within the profession for years. In 2017, nearly a third of Canadian doctors reported symptoms of burnout and nearly one in 10 had thought about suicide in the past 12 months. Months before the COVID-19 pandemic, 86% of emergency physicians already met at least one of the criteria for burnout.



The pandemic has compounded workloads for already burned-out and overworked health professionals.

Recent studies of health care workers in China and Italy have shown increased rates of anxiety and depression amongst physicians caring for patients with COVID-19, particularly among women and younger doctors.

Dr. Alika Lafontaine, an anesthesiologist in Grande Prairie, Alta., and past president of the Indigenous Physicians Association of Canada, attributes rising rates of burnout among health workers to austerity measures imposed by governments. Cost-cutting and understaffing have put pressure on health workers to do more with less, often at the expense of their own well-being.

“Physician burnout has been getting worse as we’ve tried more and more to create these workarounds for our patients and for our colleagues in order to do a task that is beyond our capability,” Lafontaine says. “As we try to keep everything together and make sure patients don’t fall through the cracks, we end up falling through ourselves.”

COVID-19 has made the situation even more difficult, as Canada’s front-line health care workers have grappled with spiralling demand on health systems and the risk of infecting their families or falling ill themselves. By the Canadian Federation of Nurses Unions’ latest count, 31 health workers have died from COVID-19 so far, although that list is still being compiled.

“With the pandemic and the further stresses that you have on the system,

you’re now asking individuals to make further sacrifices in order to make sure everything doesn’t break down,” Lafontaine says. “It was heartbreaking to hear about what happened to Dr. Dion, but it was not surprising.”

Supports aimed at boosting individual resilience don’t make sense in the face of impossible system demands, he adds. “The idea that the person who has experienced harm simply has to find a better way to deal with the harm ignores the fact that the harm shouldn’t be happening in the first place.”

In Quebec, health care unions have raised concerns that pandemic plans have failed to address staff shortages, particularly in care homes that were devastatingly affected during the first wave. Meanwhile, emergency department nurses in Montreal recently reported they’ve had to cancel vacations to cover staffing shortfalls. Quebec’s ministry of health did not immediately respond to requests for an interview.

Elsewhere across the country, there are similar reports. One Alberta doctor recently told the CBC it’s “day-to-day survival mode” in at least three of the province’s intensive care units, where staff are working extended shifts and schedules. In British Columbia, nurses are working overtime, forgoing holidays, and reporting high levels of burnout as the province has sought to catch up on delayed surgeries.

Lafontaine argues that health systems need to address the top-down causes of burnout, including cost-cutting measures that have contributed to chronic understaffing and overwork.

“If we want to resolve and prevent horrible situations and terrible tragedies like what happened to Dr. Dion, the health system has to be a full partner in all of this,” he says.

Diana Duong, CMAJ

If you or someone you know is currently in crisis, here are some resources that can help:

- Canada Suicide Prevention Service, call 1-833-456-4566 or text 45645
- For residents of Quebec, call 1-866-277-3553
- For CMA’s Physical Wellness Support Line, go to <https://www.cma.ca/supportline>
- If you need immediate assistance, call 911 or go to the nearest hospital

Editor’s note: Alika Lafontaine is chair of CMAJ’s governance council and was not involved in the editorial decision-making for this article.

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