

Severe Acute Respiratory Syndrome: “Unmasking our emotional vulnerability as healthcare providers”

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The severe acute respiratory syndrome (SARS) has been the most dramatic emerging infectious disease of the twenty first century. This outbreak caused a devastating impact on major cities around the world. [1,2] Numerous entities worked together in the fight against SARS. In particular, disease control, containment and prevention of further spread were priority in the midst of the outbreak. In addition, the scientific basis for the identification and treatment of this deadly viral illness were rapidly established.

When the high incidence of morbidity and mortality was on the rise, an interesting phenomenon began to develop among healthcare providers, the emotional impact that the SARS outbreak generated was unprecedented, great concerns for their own wellbeing but more so the safety of their families was evident [4]. Medical personnel was faced with the uncertainty of this new and devastating disease, their duty as physicians and as nursing staff was put to the test.

As more patients were admitted to their intensive care units, more healthcare providers fell ill, the frustration and anger was on the rise and their hopes for a rapid management and containment seemed to be out of reach. The emotional drainage impacted all healthcare workers. Within the hospitals their entire environment was modified; staff was redeployed, resources were limited, and even the hospital infrastructure of the hospital was different.

The most frightening part of the outbreak was that in

approximately 20% of the cases reported worldwide were in healthcare providers that acquired the disease while caring for patients with SARS. [3,4].

The psychological impact among healthcare providers around the world was impressive. Numerous studies targeted at healthcare providers gathered diverse opinions regarding the emotional impact they experienced while faced with the treatment and management of SARS during the outbreak. Many experienced similar emotions, though the level of impact differed depending on their responsibilities within the hospitals. [3,4]

In this issue of *Critical Care and Shock*, an article by Kwek Seow Khee and coauthors reveals the magnitude of the emotional and administrative challenge that the SARS outbreak had in Singapore. This interesting article also depicts the assessment and outcome of a mental health program developed for all healthcare providers in the midst of the outbreak. The findings of this study provide a new perspective as to the mechanisms by which healthcare providers were able to deal with this life-threatening illness.

Clearly SARS is here to stay. We have learned how to act efficiently and we recognize the toll that this devastating condition can have on the healthcare provider psyche. Other illnesses may affect healthcare providers in the future in a similar fashion.

Keywords: SARS, psychological impact, outbreak, emotional distress.

References

1. Gomersall C, Joynt G, Tan P: Severe Acute Respiratory Syndrome. *Critical Care and Shock*, 2003; 6: 127-130
2. Hsu L, Lee C, Green J, *et al*: Severe Acute Respiratory Syndrome (SARS) in Singapore: Clinical Features of Index Patient and Initial Contacts. *Emerg Infect Dis*, 2003;9: 713-717
3. Sim K, Chua C: The psychological Impact of SARS a Matter of Heart and Mind. *CMAJ*, 2004;170:811-812.
4. Maunder R, Hunter J, Vincent L, *et al*. The Immediate Psychological and Occupational Impact of the 2003 SARS Outbreak in a Teaching Hospital. *CMAJ*, 2003; 168:1245-1251.

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