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Canadian surgery and the events of 2003

Earlier this spring at an international surgical meeting I greeted my Toronto colleagues with the offer of a handshake. They expressed surprise at my offer, considering that they had come from a city isolated by the devastating effects of severe acute respiratory syndrome (SARS)! Clearly they were joking, but sadly it was true. This event and other serious setbacks in Canada in 2003, although seemingly unrelated, all affected surgical practice and the surgical academy.

Canada was hard hit by the SARS epidemic. Particularly distressing was its effect on patients' access to care. Many who had patiently waited their turn for surgical procedures were forced to wait still longer, exacerbating the already unacceptable waiting periods for surgery.

The effects on major scientific meetings were also devastating. The Canadian Orthopaedic Association was forced to delay its meeting until the fall. The Association for Surgical Education meeting in Vancouver suffered from poor attendance due to fears of travel to Canada. Research has been delayed also, with interrupted peer review processes in several scientific societies.

Other unpredictable events have been equally disturbing. The identification of bovine spongiform encephalopathy (BSE) in a single animal in Alberta has destroyed the export beef market. This has diverted attention from Romanow's well-intentioned recommendations for a national health council to address instead a devastated economy. A massive power failure that swept Eastern Canada in August resulted in delays for the surgical research community when it held up submission of funding requests to the Canadian Institutes of Health Research. Finally, a path of destruction from massive fires in Western Canada disrupted hospital services and consumed homes, including those of some surgeons in Kelowna, BC.

All these events in 2003 should make us vigilant and better prepared for the future. We need to redouble our effort to ensure our success in several areas. The potential challenges that infectious diseases such as SARS may pose during the next influenza season require that every operating room executive team to be prepared well in advance. In future health reform, surgeons need to contribute to discussions that address problems of access to surgical care. Health councils of the future need advice about the care of surgical patients. The surgical academy should take note of the strategies that diverted funds to the urgent investigation of SARS. Surgical problems must be acknowledged as deserving of priority funds, and therefore surgical investigators must play a role in peer review of funding for scientific agencies. Finally, Canadian governments have recognized the importance of educating a greater number of undergraduate and postgraduate trainees who will make up the next generation of surgical health professionals; the events of 2003 must not divert priorities for funding this enterprise.

The *Canadian Journal of Surgery* (*CJS*) can help play a central role in communication as we address all of these issues. The *CJS* mission statement is increasingly relevant to the provision of timely, effective surgical care and the dissemination of new health knowledge in the surgical sciences.

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