Kelman, I. 2004. "Hyperbaric hyperbole or blinkered bosses?" Public Safety Diver Monthly, issue 9 (August), pp. 26-27.

Full Text:

On 3 June 2004, the media in Toronto, Canada reported that Toronto General Hospital (TGH) had closed their hyperbaric chamber to what they termed "stretcher patients". Patients on stretchers requiring hyperbaric care would be transferred to Hamilton, Ontario (35 miles from Toronto), Ottawa, Ontario (220 miles from Toronto), or Buffalo, New York (60 miles from Toronto). Those distances are direct and do not consider driving distances or transfers to and from airports.

The reported reason for TGH's decision was that the health of medical staff was at risk from possible back injuries or decompression illness resulting from treating "stretcher patients" in the chamber. Further commentary on this issue noted that TGH's current hyperbaric chamber was interim with a replacement planned for installation in June 2005. Thus, changes to the hyperbaric chamber were expected anyway and the recent decision could be an attempt to protect workers before the new chamber is available.

Irrespective, for the moment, Toronto—Canada's most populated city and with a police dive team of more than a dozen members—cannot treat "stretcher patients" who require hyperbaric care. TGH states that patients will not be put at risk, but some hyperbaric medical practitioners disagreed suggesting that the extra time in moving the patient from Toronto to another locale could be fatal or could result in further physical damage.

Anonymous comments from TGH staff were reported that before purchasing that specific hyperbaric chamber, TGH staff had warned that it would be too small for the purposes needed, but the hospital had nonetheless opted for the less expensive but smaller chamber. As well, in mentioning Buffalo as an alternative, I would suggest that TGH did not address the issue of taking patients and family members to the USA, particularly if they are not Canadian or American citizens, given the new security requirements for entering the USA. And if adverse weather has closed Toronto's airports while Hamilton's chambers are oversubscribed, would an overland journey to Buffalo or Ottawa be viable?

It appears to me that, as often occurs, failure to fully think through the implications of a management decision endangers the people on the ground, whether they be a Toronto firefighter or child with carbon monoxide poisoning or a Toronto EMS ambulance driver trying to get to Hamilton or Buffalo in a snowstorm with a critically ill police diver, suffering from the bends, on board.

On the other hand, the management decision was taken to protect medical staff from workplace injury and to reduce the risks to workers in hyperbaric care. The first rule taught in basic first aid classes is to look for danger: danger to the casualty and danger to bystanders, but above all danger to oneself. First aid may proceed only after any dangers have been neutralized, the maxim being that one casualty—the original one—is a better situation than two casualties, the original one plus a First Responder. TGH could be protecting their medical staff from obvious danger even if that means that the casualties they treat are at higher risk. Thus, perhaps their stance is an entirely appropriate management decision in the context of avoiding danger to oneself.

This chain of risk transference continues. Would the police diver who knows that a lifesaving piece of apparatus is an hour away, rather than minutes away, alter their risk assessment before diving in Toronto Harbor in order to reflect the increased risk to themselves? If so, would the divers conduct safer operations or would evidence gathering, counter terrorism operations, and rescues from overturned vessels be compromised? Or is the latter an inevitable consequence of the former?

A similar debate is affecting Toronto's EMS. A month after TGH's decision, the media reported that the Toronto EMS paramedic union filed a complaint regarding new ambulances. To place a patient on a stretcher into the new ambulance, paramedics must lift 36 inches rather than the previous 34 inches. The EMS Chief's response "I say it's an inch and a half" was criticized as missing the difficulties and dangers imposed on the paramedics by a change which is small in numbers but big in required lifting power. The purchase of new ambulances was enacted to move from diesel to gasoline, a response to paramedics' complaints about the noise and particulates from the diesel fleet. Again, management was aiming to improve their workers' health and safety. Again, management decisions were taken without fully thinking through the implications. And, again, one risk has been exchanged for another.

Was Toronto unlucky in both these cases or do such situations arise in many other agencies? Few definite conclusions can be reached, particularly on the basis of short newspaper articles. Nevertheless, I would highlight certain principles from both cases, namely the necessity to consider all facets of a decision before spending the money and the importance of recognizing that risks are often transferred or altered rather than reduced or eliminated.

I advocate that such basics should be deliberately and openly debated in decision-making, whether it be for hyperbaric chambers, ambulances, or other equipment-related operational or procedural decisions. Without fully involving the workers along with management, ugly disputes could be played out in the media yielding, as we have seen in both instances, an unhealthy situation for the public safety workers, for their management, and especially for the public that we serve.

I look forward to others' comments and experiences on these issues.

Ilan Kelman
http://www.ilankelman.org