

CANADIAN ASSOCIATION OF EMERGENCY PHYSICIANS

COVID-19

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Covid-19 and the Older Emergency Physician

For Immediate Release

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In our March 20th statement on Health Human Resources and Capacity during the COVID pandemic, we acknowledged that physicians over the age of sixty were at higher risk of serious illness and could be excused from front line emergency service.

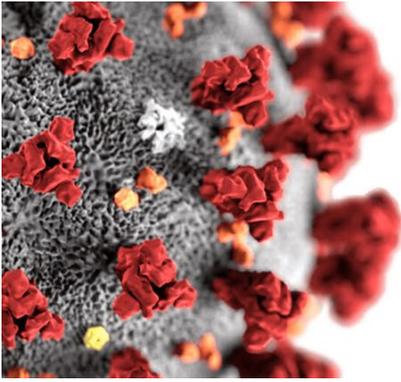
We re-affirm that position and remind our members that it is the position of the World Health Organization that workers have a right to exercise the right to remove themselves from a work situation that they have reasonable justification to believe presents an imminent and serious danger to their life or health. Further, when a health worker exercises this right, they shall be protected from any undue consequences.

Many emergency and family physicians over the age of sixty, some over 70, have volunteered to provide front line service in the emergency department during this pandemic. This is particularly true in rural communities where adequate staffing is tenuous at the best of times. Age alone is not an absolute contraindication to the provision of emergency care and is a matter of balance with respect to personal choice, appropriate experience and credentialing, and sense of social accountability.

The current case fatality rate for COVID-19 infection in those between 60-69 years is 3.6%, for those between 70 -79 years, 8.0% and for those over 80 years, 14.8%. Those in good health may have lower relative risk while those with co-morbidities have much higher case-fatality rates. We believe that physicians over the age of sixty, particularly those with medical co-morbidities, must carefully weigh the risks to their own health in working in the ED during the COVID pandemic. We also believe that those responsible for scheduling emergency physicians (hospitals, health authorities and independent groups) should take these risks into consideration and make appropriate allowances, in physician scheduling.

CAEP believes that in such exceptional circumstances, older physicians should be allowed to provide emergency service if they so choose and meet the following criteria:

1. Are in overall good health
2. Are current with respect to practice of emergency medicine, PPE use and other aspects of care of COVID19 patients.
3. Are provided with adequate personal protective equipment.
4. Are put in lower risk areas in the ED whenever possible



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We believe this approach will respect the personal circumstances and choices of our physicians, their health and safety, and the needs of their communities.

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