

In addition to contracting hepatitis B, Dr. Yabsley became a carrier of the virus, meaning that he would be continually infective, probably for his lifetime. He continued to perform operations while taking precautions to prevent transmission of the virus to his patients. Nonetheless, two patients did contract hepatitis B, possibly from Dr. Yabsley. The doctor performed his last surgery on July 31, 1991, and then voluntarily gave up his surgical privileges at the hospital.²²

The Yabsley case raises important questions for Canada's health-care system. The health status of health-care professionals is an important issue, particularly where an infectious disease is involved. The Sub-Committee recognizes two important questions in this context. Both questions relate to the issue of hepatitis B which is the subject of this report, but they clearly apply to other serious infectious diseases.

First, should health-care professionals, particularly surgeons, dentists and dental surgeons, be required to undergo mandatory testing for serious infectious diseases, including hepatitis B, other forms of infectious hepatitis, and the human immunodeficiency virus (HIV)?

The second question is: where an effective vaccine is available, as is the case with hepatitis B, should all health-care professionals be required, by law, to be vaccinated?

Each of these matters falls under provincial jurisdiction, as does the delivery of health services generally. The Sub-Committee believes that the federal government can play a role in both issues, however. Although health matters fall under provincial authority, we believe that exacting national standards for health care comprise a worthy concept, and should be an achievable goal in Canada. The federal government could provide leadership in this area, and assist the provinces to develop and implement common policies on both issues.

In the matter of mandatory testing of health-care workers for certain infectious diseases, such as hepatitis B, the Sub-Committee believes that such testing should be carried out whenever there is a demonstrable threat to patient well-being. We recognize that, in cases such as Dr. Yabsley's, a positive test can result in career termination. Where this happens, the matter of compensation for the affected person may legitimately be raised, and should be fairly dealt with. Our overriding concern, however, is for the well-being of the patient.

In the matter of mandatory immunization of health-care workers against hepatitis B, the Sub-Committee believes that this should be implemented for the general public good. When the first vaccines for hepatitis B became available, health-care workers were identified as a target group because of the obvious health risks that they encounter in their work. To date, immunization has been offered to health-care professionals on a voluntary basis. This program has not been successful in stemming the spread of hepatitis B in Canada, nor have health-care workers universally accepted immunization.

In Dr. Yabsley's case, failure to immunize against the virus has resulted in the premature termination of his career, and the loss of a highly skilled surgeon to Canada's health-care system. The Sub-Committee believes that immunization against hepatitis B should be considered a requirement for employment in the health-care field in much the same way that prescribed educational and training credits also are requirements. Adoption of this policy will protect patients and the health-care workers themselves.

²² Deborah Jones (1991), p. 1346.