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## BY EMAIL

November 17, 2021

The Honourable Heather Stefanson  
Premier of Manitoba  
204 Legislative Building  
450 Broadway  
Winnipeg, MB R3C 0V8  
Email [premier@leg.gov.mb.ca](mailto:premier@leg.gov.mb.ca)

Dear Premier Stefanson,

I'm writing to raise physicians' serious concerns about our ICU capacity, as Manitoba faces another wave of COVID-19 hospitalizations.

We are entering this fourth wave in a dangerously unprecedented situation: our ICUs are already full. The number of COVID-19 patients in hospital and in critical care continues to increase. Public Health has presented a number of scenarios, and the only remaining question is not *if* our ICUs will be overwhelmed, but *when*.

I have heard from many physicians—many of whom have been distressed for many months by our hospital situation, who are also encouraged by hearing you include expanding ICU capacity among your top immediate priorities. This is providing them with some long-overdue hope that help may finally be on the way. However, these same physicians remain very frustrated by the lack of accountability and transparency that has been demonstrated throughout the course of this pandemic. The critical care physicians, and the patients they serve, need you to take charge of this situation and direct officials to take appropriate action.

Doctors Manitoba can help too. We have been encouraged by your commitment to listen, and we can bring forward critical care physicians' concerns and ideas for you to hear. We, and the critical care doctors of this province, hope that the future will bring more constructive dialogue and collaborative planning.

We can share, briefly, some of these priorities and ideas. In our routine contact with critical care physicians, they identified the following as their top concerns:

1. **Critical care physicians are in the dark.** Over the course of the past twenty months, health system leaders have referenced "a plan" for navigating hospital, ER, and ICU overcrowding on numerous occasions. When pressed for specifics, these same leaders have had difficulty articulating a clear path forward. This includes basic information like where the next much needed beds will be opened, which causes incredible stress and last-minute scrambling among the entire care team. This lack of transparency is causing



measurable distress and burnout among critical care physicians and other staff, which is risking further destabilization of our health human resources in a time of great need. Senior health system leaders need to develop a plan, and they need to clearly communicate that plan to front-line physicians, managers, and staff.

2. **The shortage of nursing resources continues to be a top concern.** It is clear now, more than ever, that the shortage of nurses is the absolute greatest barrier to providing appropriate healthcare to all Manitobans. Government and health system leaders must develop contingency plans now. The redeployment of nurses from other areas, such as surgery, into the ICUs should be an absolute last resort. Although not as critical as the nursing shortage, the current high workload has negatively impacted our other ICU staff, including physicians, and if not addressed may result in further human resource shortages.
3. **Our health system leaders need support.** The provincial system for delivery of medical care was restructured shortly before the onset of the pandemic, but it remains siloed and more fractured than before. There is not enough support for system leaders to remove pre-existing barriers while repairing the damage from the rapid restructuring initiative. Experienced leadership from here and away, in addition to more support on-hand for our current exhausted leaders, is required immediately.
4. **Clear accountability.** You and your government must set clear expectations for health system leaders about what is expected and what is not acceptable. For example, sending patients to ICUs outside of Manitoba, and pulling nurses from surgery should be avoided at all costs.
5. **Prepare for the worst.** Manitoba's health system leaders have notably avoided developing a triage protocol. Triage, or a 'crisis standard of care', is not a protocol to decide who lives and who dies as it is commonly portrayed. Rather, it is a broader concept to ensure there is a clear staged protocol in place to prioritize care. Patients have already been triaged in Manitoba: surgeries have been canceled, in-person consultations have been delayed, and patients have been transferred to other provinces for critical care. A transparent 'crisis standard of care' is needed to guide decision-making, and to enable care providers to provide the greatest good for the greatest number of people.

Physicians appreciate just how difficult this problem is to solve. We are grateful for your commitment to address it, and your longer-term solutions to recruit more nurses. In the short term, however, immediate action is needed to make it through this fourth wave.

While this letter outlines the immediate concerns for Manitoba's ICUs, our hospitals face several other capacity issues that require attention, including in our Emergency Departments, Operating Rooms, and inpatient wards.



We look forward to working with you and your government to ensure Manitoba can navigate the current and future state of COVID hospitalizations, and whatever stresses our health system may face in years to come.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kristjan Thompson', is written over a light blue horizontal line.

**KRISTJAN THOMPSON MD FRCPC DHSA**  
President

KT/cb

Cc: The Honourable Ms Audrey Gordon