



**NEWFOUNDLAND AND LABRADOR  
MEDICAL ASSOCIATION**

**Doctors sound alarm over cancelled surgeries and delayed cancer care**

**For immediate release – March 11, 2022**

**St. John's, NL** – As the province prepares to remove COVID-19 restrictions, doctors warn that another health care crisis is looming in Newfoundland and Labrador. Over the past two years, health system shutdowns have resulted in cancelled surgeries and unmanageable waitlists. As a result, doctors say they cannot provide patients with access to non-emergency surgical procedures in an acceptable timeframe.

The NLMA has been informed that the problem extends to hospital surgical units throughout the province, including St. John's, Carbonear, Gander, Grand Falls-Windsor, Gander and Corner Brook.

The problem is particularly acute at the province's tertiary referral centres in St. John's, including the Health Sciences Centre and St. Clare's Mercy Hospital. Physicians who provide surgical services at these hospitals pooled their waitlist data, which revealed there are more than 6,000 back-logged operative cases.

The main reason for the shutdowns is COVID-19. New variants and surges in cases led to closures of operating rooms for non-emergency surgeries and redeployment of operating room nurses to assist with the pandemic effort. The hospital surgical units were also impacted by the Cyber Attack, which led to the cancellation of non-urgent medical procedures.

"Each one of those cases represents a person who is waiting for a surgical procedure that could significantly improve their quality of life," said NLMA President Dr. Susan MacDonald

"Surgeons are speaking out now because they are deeply concerned about the well-being of their patients. When people who need surgical services are forced to wait longer than what is considered safe, they can experience unnecessary suffering and their prospect for a successful outcome is diminished. For some Newfoundlanders and Labradorians, it can mean life or death."

The backlog affects patients waiting for general surgery, urologic surgery, orthopaedic surgery, thoracic surgery, neurosurgery, plastic surgery, gynecology, gynecologic oncology surgery and ENT surgical procedures.

The impact of surgical cancellations has been particularly troubling for cancer patients. While chemotherapy and radiation therapy continued during health system shutdowns, many patients waiting for cancer operations faced considerable delays. Access to operating rooms for cancer surgeries was drastically reduced in January and February, which contributed to more than 200 backlogged cancer operations. Detection by screening, such as colonoscopies and breast mammograms, have also been delayed by service shutdowns.

"Surgeons are telling us that these delays are risking tumours becoming inoperable, and this puts considerable strain on patients, families and their caregivers," explained Dr. MacDonald.

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Surgeons wrote to Eastern Health to outline the magnitude of this issue and the barriers limiting their ability to reduce the backlog, such as the chronic lack of available beds for patients following their surgeries and lack of available nursing staff. Eastern Health acknowledged the problem and expressed interest in exploring solutions.

“We acknowledge that the regional health authorities are working to increase system capacity and bring services back to pre-pandemic levels, but more needs to be done. Our priority has to be reducing the current backlog of cases,” said Dr. MacDonald.

Surgeons are seeking a comprehensive plan to address the backlog and prevent future disruptions to surgical services.

The NLMA is calling on the provincial government to implement the following short-term solutions:

1. Commit to reduce the surgical backlog in the province to pre-pandemic levels by a fixed date.
2. Bring together stakeholders, including frontline surgeons and nurses, to assist health authorities in developing a plan to reduce the surgical backlog and oversee the plan’s implementation.
3. Increase operating room capacity by maximizing operating room time and all available operating rooms within regional health authorities.
4. Ensure transparency and accountability by establishing an online dashboard (similar to the government’s online dashboard for COVID-19 data) to report the number of backlogged surgical cases. These numbers should be updated at least monthly as the backlog is reduced.

Physicians are also calling on the provincial government to address the more than 600 nursing vacancies in the province, which puts pressure on all areas of the health care system, as well as increase bed capacity in hospitals to reduce the impact on surgical services.

“We need a plan in place to deal with future operating room disruptions and unplanned surgical cancellations. We know that new COVID-19 variants and other events can emerge in the months and years ahead, so we need to be ready for them,” said Dr. MacDonald.

“Doctors are ready to be part of the solution in addressing this backlog, but they need to be at the table where these decisions are made.”

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