

# Scared by SARS

Headlines screaming of a killer virus in Toronto have fuelled an unwarranted panic among health authorities and the public.



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**U**nderstanding risk, or more correctly understanding how people respond to risk, is a difficult science. That's because people act on their perceptions, which vary widely depending on a number of factors. These include whether the risk is voluntary, such as skydiving, or beneficial, as in holiday air travel. If the risk is controllable, such as driving a car, we downgrade it, and if it's a "dread" risk involving such things as chemicals, nuclear materials, cancer or mysterious illnesses, we magnify it.

But the most important factor magnifying risk is vivid pictures and media attention. Television reports about a plane crash make people wary of flying, even though it's a safer mode of transport than driving a car. A front-page story in the newspaper about a school-bus accident gets parents worried about buses, even though playing high-school football causes more injuries at school.

All of these factors affect how people perceive the risk from Severe Acute Respiratory Syndrome, or SARS, a perception that is magnified by the fact the disease is not well understood. All we hear about are people dying. All we see are worried citizens masking themselves for protection. Compounding matters, some reports suggest SARS may not be entirely of human origin, as was the case with swine flu in 1976.

SARS is worth worrying about, with recent reports suggesting it may be more long-lasting and more communicable than first believed. But how much worry is too much?

Worldwide, there were 3,235 cases and 154 deaths as of yesterday. In Ontario, there have been 236 SARS cases and 13 people have died, but most victims had underlying medical problems that may have been partially responsible.

Is that enough for organizations to cancel conventions in Toronto? No, it's an overreaction. Should Wal-Mart treat employees who have visited Toronto like pariahs, banning them from their U.S. stores for 10 days? That, too, is an overreaction.

Australia is warning its citizens not to travel to Toronto and the city is making one of its rare appearances on the front page of the *New York Times*, all for an outbreak that has killed one of every 400,000 citizens.



FRANK GUNN, THE CANADIAN PRESS

*The perceived risk of SARS has prompted preventive measures that could lead to economic disaster and even death, as happened in the United States during the swine flu fiasco of 1976.*

The perception is that Toronto is a city where you could arrive healthy and leave with SARS. The reality is that isn't happening. All SARS victims have direct links back to the start of the outbreak. Our public health workers are erring on the side of caution, using quarantine and other measures.

Should SARS get more attention than the 50,000 people who die each year on North American highways? Should Australia warn its citizens not to drive on interstates? What about the thousands of Americans who get food poisoning every year, a condition so hard to track that we don't know exactly how many people it affects?

We ignore the risks we get used to and the ones that are spread over time and geography. These are sometimes called "creeping" or "emerging" crises. But risks concentrated in one location that generate statements by politicians and reports in the media get disproportionate resources and attention. That is what's happening with SARS.

The current overreaction is similar to the swine flu fiasco in 1976. One army recruit at Fort Dix died and another 500 caught very mild cases. But when the government released the information — including the terrifying name of the illness — hysteria erupted. Only one person known to have swine flu, the army recruit who caught it first, died. Yet the perceived risk pushed the U.S. government to order mass vaccinations of its citizens, and hundreds of

Americans were killed or seriously injured by that inoculation. Erring on the side of caution can be dangerous.

Is our reaction to SARS leading us toward another disaster? Perhaps. That disaster could be a real public-health issue that takes lives, or a perceived risk where preventive measures cause economic disaster and even death.

Economists are already predicting that the Asian economy will be plunged back into recession because of SARS. People are afraid to go outside or shop. In a city like Toronto, where the SARS outbreak is being blamed by some people on the Chinese population, Chinese restaurants and malls are deserted and struggling to survive.

The airlines, many already in dire financial straits because of war, fears of terrorism and high fuel prices, now are losing customers who fear getting SARS in crowded planes and airports.

What I and my researchers worry about as much as SARS is the misallocation of scarce public funds to deal with the perception of the risk it poses. There are competing priorities in public health, and we are not served well by blowing the latest disease of the month out of proportion.

Quantitative risk analysis is a crude pseudo-science that only reveals part of the story. As the British Royal Society said in its major study in 1992, risk is complex and personal, "with a particular risk or hazard

meaning different things to different people ... in different contexts." The Scarman Centre for the Study of Public Order at Britain's Leicester University adds that risk is constructed out of "everyday social involvement with family, friends and peers."

What we need is a reasoned look at SARS and the other public health issues that confront the richest and healthiest generation the western world has ever seen. We need priorities in public spending that will do the most good for the most people the most quickly. Rubber gloves and masks to try to keep SARS at bay might then take a back seat to school nutrition programs or dental care, where the risk is serious, but not as scary.

Fortunately, the SARS scare may not be all bad. Our risk research has shown that of all the medical marvels available, from heart transplants to wonder drugs, among the most powerful things available to improve world health and longevity is simply washing hands and brushing teeth.

If media reports have scared people into washing their hands more often than they did before, risk magnification may have done a lot of accidental good. SARS may actually be beneficial for your long-term health.

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