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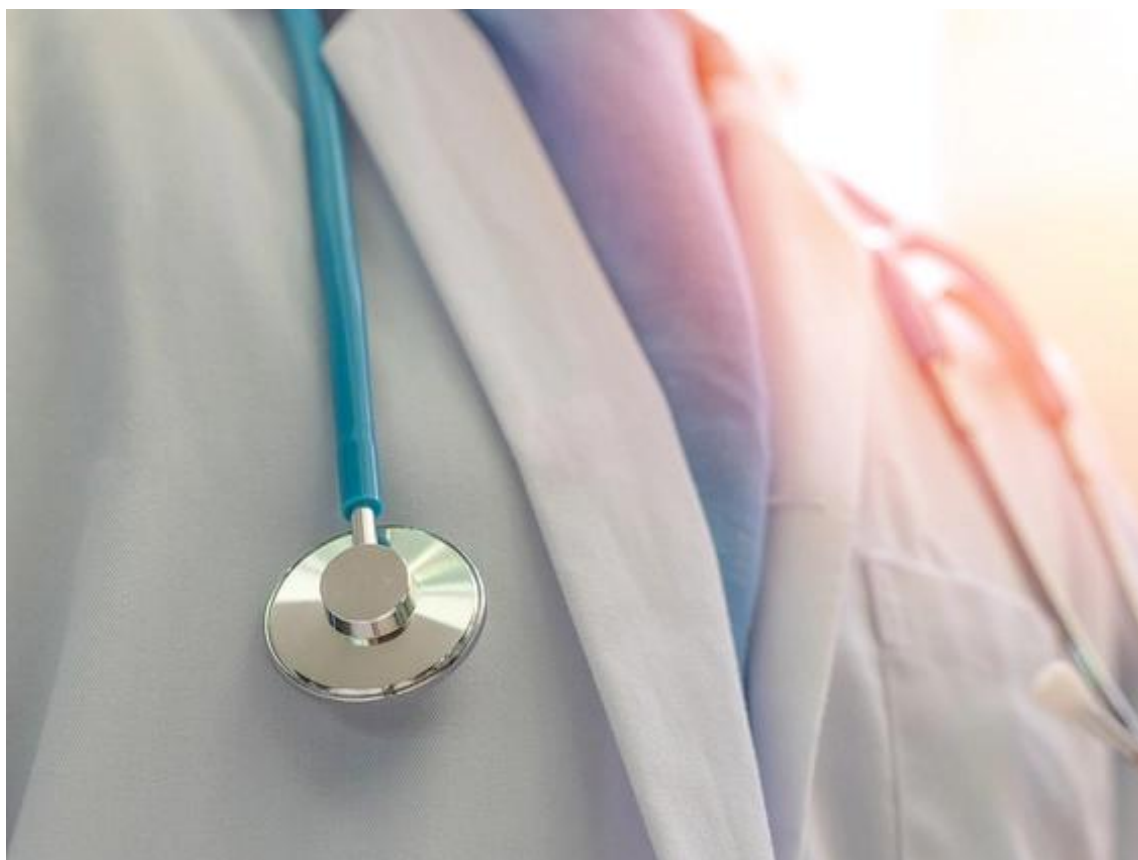
Doctors urge localized approach, not sweeping lockdown, in open letter to Doug Ford

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A stethoscope around a doctor's neck. Photo by Stock photo /Getty Images

The following letter, signed by 20 doctors and professors of

medicine from faculties at the University of Toronto, McMaster University, University of Ottawa and from hospitals such as Sick Kids, was sent to Premier Doug Ford on Sept. 27. The doctors argue against a wholesale return to a lockdown as a way to deal with rising COVID-19 cases.

Dear Premier Ford,

We are writing this letter in support of the government's plan to use a tactical localized approach, rather than sweeping new lockdown measures, to deal with the increasing COVID case numbers in Ontario.

Lockdowns have been shown not to eliminate the virus. While they slow the spread of the virus, this only lasts as long as the lockdown lasts. This creates a situation where there is no way to end the lockdown, and society cannot move forward in vitally important ways including in the health sector, the economy and other critically important instrumental goods including education, recreation, and healthy human social interactions.

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In Ontario, the increase in cases at this time are in people under 60 years of age who are unlikely to become very ill. At the peak of the pandemic in Ontario in mid-April, 56% of cases were in those over age 60. Now in September, only 14% of cases are in over 60 year olds.

In Ontario and other parts of the world, such as the European Union, increasing case loads are not necessarily translating into unmanageable levels of hospitalizations and ICU admissions. This is not a result of a lag in reporting of severe and fatal cases. While we understand the concerns that these cases could spill into vulnerable communities, we also need to balance

the actual risk.

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As the virus circulates at manageable levels within the community, we need to continue the gains we have made in the protection of the vulnerable in long-term care and retirement institutions, and continue to educate other people about their individual risk, so that they can observe appropriate protective measures.

Lockdowns have costs that have, to this point, not been included in the consideration of further measures. A full accounting of the implications on health and well-being must be included in the models, and be brought forward for public debate. Hard data now exist showing the significant negative health effects shutting down society has caused. Overdoses have risen 40% in some jurisdictions. Extensive morbidity has been experienced by those whose surgery has been cancelled, and the ramifications for cancer patients whose diagnostic testing was delayed has yet to be determined.

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A huge concern is the implication of closure of schools, and the ongoing reluctance we have seen in the large urban centres of sending children back to the classroom due to safety concerns. Global data clearly now show that children have an extremely low risk of serious illness, but they are disproportionately harmed by precautions. Children's rights to societal care, mental health support and education must be protected. This cannot be achieved with ongoing or rotating lockdown.

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The invitation and involvement of other health experts to advise

the government's response beside individuals in Public Health and Infectious Diseases in addition to leaders in the business, securities and arts communities is essential. We also call for increased open debate, in the public forum, that hears voices from outside the medical and public health communities, in order to consider all points of view from society.

This is a fundamental principle upon which democratic societies are built. All stakeholders should have an equal right to participation in public discourse when it comes to setting such fundamental and sweeping societal interventions.

All have the right to feel their voices have been heard, and moreover to ensure factual credible data is openly debated, in contrast to the personal and political slants that have had apparent significant impacts on the management of the virus to date.

Our society has borne enormous pain over the past six months. It's time to do something different.

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Sincerely,

Jane Batt MD, PhD, FRCPC. Respiriologist, Associate Professor, Department of Medicine, University of Toronto

James Bain MD, MSc, FRCSC. Plastic Surgeon, Professor of Surgery, McMaster University

Mahin Baqi MD, FRCPC. Infection Prevention and Control and Infectious Diseases Physician

Marcus Bernardini MD, FRCPC. Gynecologic Oncologist, Associate Professor, University of Toronto

Sergio Borgia MD, MSc, FRCPC. Infection Prevention and

Control and Infectious Diseases Physician, Assistant Clinical Professor, McMaster University

Peter Cox, MBChB, FRCPC, DCH(SA), FFARCS. Critical Care Physician, Professor, Department of Anaesthesia, University of Toronto

James D. Douketis, MD, FRCPC, FCAHS. Haematologist, Professor of Medicine, McMaster University

Philippe El-Helou, MD, FRCPC. Infectious Diseases Physician, Associate Professor, Department of Medicine, McMaster University

Martha Fulford MD, FRCPC. Infectious Diseases Physician, Associate Professor, Department of Medicine, McMaster University

Shariq Haider MD, FRCPC. Infectious Diseases Physician, Professor, Department of Medicine, McMaster University

Stephen Kravcik MD, FRCPC. General Internist, Associate Professor, Department of Medicine, University of Ottawa

Nicole Le Saux MD, FRCPC. Infectious Diseases Physician, Professor, Department of Pediatrics, University of Ottawa

Paul MacPherson PhD, MD, FRCPC. Infectious Diseases Physician, Associate Professor, Department of Medicine, University of Ottawa

Neil Rau MD, FRCPC. Infectious Diseases Physician and Medical Microbiologist, Assistant Professor, Department of Medicine, University of Toronto

Susan Richardson MD, FRCPC. Medical Microbiologist and Infectious Disease Physician, Professor Emerita, Department of Laboratory Medicine and Pathobiology, University of Toronto

Rob Sargeant MD, PhD, FRCPC. General Internist, Associate

Professor, Department of Medicine, University of Toronto

Nick Vozoris MD, MHSc, FRCPC. Respiriologist, Assistant Professor, Department of Medicine, University of Toronto

Thomas Warren MD, FRCPC. Infectious Diseases Physician and Medical Microbiologist, Assistant Clinical Professor (Adjunct), Department of Medicine, McMaster University

Yvonne Yau, MD FRCPC. Medical Microbiologist, Assistant Professor, Department of Laboratory Medicine and Pathobiology, University of Toronto

George Yousef MD, PhD, FRCPC. Anatomic Pathologist, Professor, Department of Laboratory Medicine and Pathobiology, University of Toronto

Dr. Susan Richardson joined Anthony Furey on National Post Radio to explain why her and her colleagues believe Ontario shouldn't go into a second lockdown and the best ways to tackle COVID-19:

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