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MEDIA RELEASE

PCS FULLY SUPPORTS SENIOR MEDICAL DOCTORS CALL TO END LOCKDOWNS

SEPTEMBER 3, 2020

- **A group of respected and senior medical practitioners and specialists call for Andrews government to end extreme lockdowns on September 13, 2020, and ask for the opportunity to assist in restriction relaxation planning;**
- **PCS and its members fully support the content, facts and logic of this Open Letter to the Premier, attached to this media release, and PCS also offers its services to contribute;**
- **The impact of stage 3 & 4 lockdown restrictions are having a devastating effect on the physical and mental health of the majority of the Victorian population;**
- **World Health Organisation (WHO) no longer recommend harsh lockdowns once adequate intensive care units are established, completed in Victorian in May 2020;**
- **98% of the Victorian population is not at serious risk from Covid-19. The government and health officials must focus on the effective, specific protection of the aged, and those few Victorians with compromised immune systems;**
- **Government must cease restricting the 6.23 million Victorians where the chance of dying of Covid-19 is extremely remote, and must cease inciting unsubstantiated fear.**

The Andrews Government and its health advisors continue to grossly over-react to the Covid-19 disease, where deaths related to seasonal influenza historically exceed Covid-19 related deaths by a factor of 8. Even natural deaths for the same period were significantly higher last year. However, suicides are now much higher. All Covid-19 deaths to date in Victoria have been associated with serious, well-understood co-morbidities, largely impacting those over 70 years of age. Each of these high-risk groups can be seamlessly identified and protected, thereby releasing the vast majority of Victorians to return to a more normal life, that includes sensible hygiene and distancing restrictions.

Every recent death of aged Victorians is directly related to the Andrews Government's failure to effectively isolate infected return travellers in designated quarantine hotels. This failure was compounded by gross under-staffing and poor training of the contact tracing personnel. These two factors are the cause of infection spread throughout aged care facilities, **not the behaviour of the general Victorian population**.

PCS contends that given the facts, including the continued illogical oppression of the entire Victorian population without any supporting evidence, the willing destruction of large numbers of small and medium businesses contrary to the current knowledge of this disease, the shift of thousands into dependence on social welfare and the actual cause of this current "second-wave" outbreak, can only be explained at this point by an undisclosed political agenda, not valid concern for Victorian public health or general welfare.

Chris Hart D.C. (USA) FGCS
PCS President

Jackie Malady
PCS Secretary

COPY OF Doctors' Open Letter to Daniel Andrews

1st September 2020

Dear Premier,
We, the undersigned, are senior medical practitioners of various specialities who practice in Victoria and are deeply concerned with the Victorian government's management of the SARS-CoV-2 (COVID-19) viral pandemic as a public health issue. The purpose of this letter is to make you aware that not all medical practitioners are in agreement with the Chief Medical Officer and the Victorian government regarding the most effective way to control this disease. We believe that an alternative medical response is required that reflects what we know about the spread of the virus, those who have died from it, and the impact that the stage 3-4 lockdown restrictions are having on the physical and mental health of the general population.

For the sake of people in Victoria with other medical illnesses, it is vital that Stage 4 restrictions be lifted on schedule in mid-September.

This letter details our concerns and recommendations. We are ready to offer any assistance we can to help create and implement a revised, effective and just response to the Victorian situation; to this end we would be pleased to meet with you at your convenience to discuss the matter further.

Government Response to Covid-19 and Available Data

Focusing on the numbers of cases of COVID-19 is at best an unsophisticated way of looking at disease management. Factors such as the side effects of any policy, its cost effectiveness, the quality of life years lost, and the cost per life saved are fundamental when considering disease management. In addition, any policy to manage any disease must be reviewed in light of new data.

We believe that the government's initial response to handling COVID-19, via a stage 3 lockdown to 'flatten the curve', was reasonable in view of the limited information available at the time on the outbreak in China and the alarming number of deaths in Italy. The initial response, though arguably excessive, was still highly effective in preserving medical capacity and allowing time to co-ordinate a full medical response, with the community accepting that the social and economic consequences were reasonable and for the common good.

However, we now know that whilst COVID-19 is highly contagious, it is of limited virulence.

Whilst an accurate cause of death of a person can be difficult to determine, we are told that since March 2020, 565 Victorian patients have died either with or from the virus (31st August numbers). This compares with annual Victorian deaths of approximately 10,000 patients with cardiovascular disease and 11,000 with cancer. Accordingly, the COVID-19 deaths are a relatively small proportion of the 114 deaths per day that are normally seen in Victoria. In comparison, since the start of March COVID-19 has been associated with 3 of the 114 deaths per day.

Most of the 565 deaths have occurred in nursing homes which according to doctors currently working in this environment have described causal factors related not only to the virus but to other care related issues, including isolation, loneliness, and related diminished nutritional intake.

However, in Victoria we have had 541 LESS deaths this July compared to July last year. (3,561 deaths compared to 4,102 deaths in July 2019).

In Australia last year, 2019, in the month of July alone we had 71,000 new laboratory confirmed cases, and a total of 313,000 laboratory confirmed cases of influenza for the year. This is only a fraction of the actual total cases of influenza, as many cases go untested.

In August 2017 we had 99,000 new laboratory confirmed cases of Influenza and a total of over 250,000 cases for the year.

During 2017 and 2019 Influenza resulted in 25-30,000 hospital admissions and up to 2500 ICU admissions across Australia. Three per cent of hospital admissions were pregnant women and up to 18 per cent were under the age of 16.

The deaths from Influenza each and every year is between 3500 and 4000, according to the Australian Influenza Specialist Interest Group website and the Australian Bureau of Statistics. This is despite recent excellent rates of vaccination in the vulnerable population and millions of vaccinations utilised each year. (2020,18 million, 2019 13.2 million, 2018 11 million, 2016 8.3 million)

The vast majority of deaths associated with COVID-19 have occurred in frail people over 80 years, many of whom also had significant co-morbidities. In Victoria more than 73 per cent of known COVID-19 deaths resided in nursing homes. (381 out of 524 and 30 out of 52 in NSW, as of August 30).

For people who are physically well and under 60 years of age, the mortality risk is extremely low. Contrary to what you have said, Mr Andrews, the virus DOES discriminate. See graphs below.

Since June 2020, the death rate has risen sharply in aged care facilities where the risk of transmission of COVID-19 has been unacceptably high. However, the government, and the doctors advising it, have not reviewed their policy in order to focus on this vulnerable segment of the population. Instead, stage 3-4 lockdowns for the whole community have continued for no apparent scientific reason.

Medical and Social Consequences

As medical practitioners, it is our collective experience that patients are presenting later to us with their medical complaints. Specialist referrals from GPs, and indeed GP workload, have fallen dramatically due to patients' reluctance to leave home in fear of acquiring the virus. As a direct consequence of this delay, many will have poorer prognoses. This has especially been the case with consultants who treat cancer. A study in the UK estimated an extra 4000 deaths from not screening the four main cancers alone and not from lack of treatment.

In addition, it is our professional opinion that the stage 4 lockdown policy has caused unprecedented negative economic and social outcomes in people, which in themselves are having negative health outcomes. In particular, it has caused or exacerbated depression, anxiety and other mental health issues, as well as contributed to domestic violence, through an extreme and unjustified disruption to family, social and work life. Job losses, home schooling, the isolation of the elderly and single people and the restriction on the number of people who may attend funerals, are but a few examples of how the government's current response is harming the health of the general population.

In short, the medical, psychological and social costs of the lockdown are disproportionately enormous compared to the limited good being done by current policies, and are relevant factors to be taken into account by any responsible government.

Proposed Amendments to the Public Health and Wellbeing Act 2008 (Vic)

We further note with much concern, that the proposed amendment to the Public Health and Wellbeing Act that would effectively allow the government to continue its current policy to manage COVID-19 even if there were to be zero cases over a period of time. This is unfathomable and certainly contrary to the objects of the Act, which require accountability, proportionality and collaboration to be fulfilled.

Specifically, the legislation explicitly mandates that the government's decisions on public health initiatives must be transparent, systematic and appropriate, with members of the public given access to reliable information in appropriate forms to facilitate a good understanding of the issue. In addition, the legislation acknowledges that decisions will be enhanced through collaboration between all levels of government and industry, business, communities and individuals.

Recommendations

For all these reasons, ordinary sensible people if properly informed, should inevitably conclude that the current government policy is ill focused, heavy-handed, and unjustifiable as a proportionate response to the risks posed by COVID-19 to the public's health.

As the virus is not going away soon, and an effective vaccine may not be available for a considerable period of time, if at all, we respectfully call upon the government to do the following:

1/ The State of Emergency not be continued past September 13 with an agreement made for parliament to be allowed to openly discuss and debate appropriate medical plans to manage the current COVID-19 crisis. A panel of non-politically aligned medical and health-related experts be selected by a bi-partisan parliamentary group to provide the transparent and active role of informing and advising government decisions and responses to the epidemic.

2/ Ensure adequate measures, testing, and protection of the vulnerable, especially those in aged residential care environments and their families and carers.

3/ Clearly communicate to the public the medical evidence-base, objectives and timelines of any proposed future management plans, with open disclosure of the processes and negative consequences, to inform those discussions and decisions.

4/ A broader focus be given to the health and well-being of Victorians, by utilising all relevant available data and by calculating the costs and harms, including the social, economic, family, emotional, psychological and spiritual impacts on the community, of any decisions and plans to manage the COVID-19 crisis, thereby explaining and justifying the merits of these plans as a reasonable and proportionate response.

5/ To review regularly the outcomes of any management decisions and demonstrate a willingness to modify plans as new data and insights become available.

Thank you for your time in reading this letter. We look forward to your early response.

Yours faithfully,

Mr Geoff Wells, Urologist, Box Hill Hospital, Private Practice.

Mr Bob Millar, Transplant Surgeon, Royal Melbourne Hospital

Mr Jon Bare, Orthopaedic Surgeon, Monash Hospital, Private Practice.

Professor Nathan Grills, Public Health Physician, University of Melbourne.

Professor John Murtagh, Emeritus Professor AO Academic General Practitioner

Professor Haydn Walters, Respiratory Medicine, University of Tasmania.

Professor Kuruvilla George, Psychiatrist,

Mr Peter Denton, General Surgeon

Mr William Edwards, Orthopaedic Surgeon, Private Practice.

Dr Andrew Taylor, Gastroenterologist, St Vincent's Hospital

Mr Michael Knight, Orthopaedic Surgeon, Private Practice.

Dr John Mathai, Psychiatrist,

Dr Eamonn Mathieson, Anaesthetist, Private Practice.

*The signatories do not represent the opinions of their employers.