

Smile Free Campaign
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cc Caroline Lamb, Chief Executive, NHS Scotland

Friday 5 August 2022

Dear Mr Kerbalai,

Thank you for your letter dated 14 July, responding to the concerns 8,800+ co-signatories, including over 2,000 UK doctors and healthcare professionals, have about the persistence of masking in healthcare settings. We appreciate you taking the time to reply.

We welcome your recognition that staff members can use their ‘professional judgement’ and remove masks to reduce a patient’s distress and to enhance communication. And we also support your expressed concern for the wellbeing of staff who experience emotional and/or physical discomfort as a direct result of wearing a face covering. In addition, it is reassuring to note your endorsement of the principle that no patients should be refused treatment – nor visitors refused access to loved ones – should they choose not to wear one.

We would, however, like to highlight some fundamental flaws in your attempts to justify the persistence of widespread masking in your healthcare settings:

First, there is an underlying assumption throughout your response that masks are effective in reducing viral transmission. The [evidence](#)¹ for this premise is – at best – weak and contradictory. The science reviews you refer to are skewed towards the recommendations of state-funded public health bodies, with insufficient weight given to independent researchers who have conducted randomised controlled trials in real-life settings (for example [here](#)² and [here](#)³)

¹ <https://www.hartgroup.org/masks-do-more-harm-than-good/>

² <https://bit.ly/3kK0ebS>

³ <https://bit.ly/3t47pCF>

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and comprehensive evidence reviews ([here](#)⁴ and [here](#)⁵) that all conclude that masking healthy people achieves no appreciable reduction in viral transmission. Furthermore, two comprehensive literature reviews of the impact of surgical masks in hospital settings ([here](#) and [here](#)) indicate that even higher quality face coverings did not protect either patient or health professional from infection.

Second, the risk of those without symptoms passing the SARS-Cov-2 virus to other people does not justify masking healthy people. So called ‘asymptomatic transmission’ is [rare](#)⁶, and [pre-symptomatic transmission](#) – although a little more common – is unlikely to make a significant contribution to the propagation of a pandemic.

Third, it is likely that your directives regarding how to promote the wearing of face coverings – expressed as ‘politely encouraged’, ‘strongly encouraged’, ‘highlight the benefits’ and ‘recommended’ – will habitually morph into the harassment of those people opting not to follow this advice. Consequently, there is a risk of alienating a vulnerable subset of the general public (the people you are commissioned to serve), thereby discouraging them from both seeking medical help and visiting hospitalised loved ones.

Fourth, and most importantly, you disregard the wide range of significant harms associated with masking healthy people, instead displaying a monofocus on the risks associated with the SARS-CoV-2 virus. Apart from passing references to ‘glasses steaming up’ and staff sometimes feeling ‘hot and uncomfortable’, there is no acknowledgement of the many recognised negative consequences – physical, social and psychological - of masking (see [here](#)⁷ for an overview of the evidence).

At Smile Free, we routinely hear anecdotal reports of how (often vulnerable) people suffer as a direct consequence of the expectation to wear a mask in healthcare settings. **What defence would NHS Scotland offer when faced with complaints – and, potentially, threats of litigation – from:**

1. The family of an elderly lady who died shortly after fracturing her femur in a fall after being pressured to wear a mask in a hospital outpatient department?
2. A hard-of-hearing man who accidentally overdosed on prescribed medication, a mask having rendered his doctor’s instructions inaudible?
3. Relatives of an inpatient who died directly as a result of miscommunication between two masked health professionals?

⁴ <https://bit.ly/2YImINE>

⁵ <https://bit.ly/3HR9CHA>

⁶ <https://www.conservativewoman.co.uk/covid-the-woeful-case-for-asymptomatic-transmission/>

⁷ <https://www.hartgroup.org/masks-do-more-harm-than-good/>

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4. The father of a young woman, a victim of historical sexual and physical abuse, who was re-traumatised by the obligation to wear a mask for an outpatient appointment and subsequently took her own life?
5. A long-standing patient with respiratory difficulties who contracts pneumonia as a consequence of repeated masking when attending for appointments?
6. A lady whose historical problem of recurrent panic attacks is re-activated by the somatic sensations of a mask over her mouth, leading to a prolonged admission to psychiatric hospital?
7. A coroner's report of the death of a young child from a non-covid illness after the parents were too scared to take him to hospital (partly as a result of the fear perpetuation associated with widespread masking)?

In these scenarios it is questionable whether those in senior management roles could rely on a defence of, 'We were just adhering to the guidance'. And with over 2,000 medical doctors/health professionals and 180 biological scientists in the UK having now signed our [open letter](#)⁸, it is clear that many experts endorse our perspective that widespread masking in healthcare settings is doing more harm than good.

It is clear that we all share the same overarching goal: to act in the very best interests of service users. With this in mind, and in light of the various potential negative outcomes previously listed, would you kindly provide us with a specific risk assessment (together with appropriate mitigations) regarding the contribution masks make to each of the following dangers: restricted peripheral vision resulting in falls, particularly for the elderly; the impact of miscommunication between health professional and patients who have hearing impairments; the consequences (which we already know have been [fatal](#))⁹ of communication errors between healthcare personnel; the re-traumatisation and increased vulnerabilities of those people with histories of sexual and/or physical abuse; the increased risk of bacterial infections associated with habitual mask wearing; the aggravation of existing mental health problems; and the consequences of colluding with a practice that perpetuates fear, thereby discouraging people from seeking medical care in the future? If you are not yet in a position to provide these assurances, we respectfully request that – in the interests of the welfare of your service users – you suspend your current recommendation that face coverings should be worn in your healthcare settings.

Yours sincerely,

Dr Gary Sidley (Retired NHS Consultant Clinical Psychologist)
Smile Free Campaign

⁸ <https://smilefree.org/nhs/>

⁹ <https://www.telegraph.co.uk/news/2022/02/15/doctors-face-masks-aggravated-communication-failure-led-fatal/>