Medical Capacity: An Alternative To Lockdowns

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The best available domestic and international evidence suggests that lockdowns don’t work.

They impose significant social, cultural, humanitarian, and economic costs while at best being of debatable efficacy in managing the propagation of COVID-19 over the long term. At worst, lockdowns are counterproductive because the negative health consequences they induce can come to outweigh the direct health benefits of reducing the propagation of COVID-19.

They lack proportion by imposing blanket bans on, or severely limiting the undertaking of, activities which pose an infinitesimally small threat of virus transmission, such as exercising outdoors, surfing alone in the ocean, or fishing on an empty jetty.

And they do not account for the variable risk that COVID-19 poses to the health of different population groups. For example, in Australia 90% of those who have died with or from COVID-19 were aged 70 or above, just four were aged 30-50, and zero aged under 30 have died.

The original public policy objective of state and federal governments which formed the basis of the social distancing measures first introduced in March was based on medical capacity, and was enunciated as “flattening the curve” or “shifting the curve”.

In announcing the expansion of social distancing measures, the Prime Minister Scott Morrison said in a media statement on 22 March that “the goal is to reduce the spread of the virus, to flatten the curve, and to save the lives of fellow Australians.”

And in a speech the following day, the Prime Minister stated, “it will be absolutely vital that every Australian respects and follows the healthy social distancing measures that all Australian governments have implemented in order to flatten this curve and to save lives.”

Similarly, then Chief Medical Officer Professor Brendan Murphy stated on 14 March that “we in Australia want to flatten that curve and keep us under really tight control.”

The curve refers to the number of new daily COVID-19 cases.

The “flattening” or “shifting” component refers to dispersing the infection rate over time so that the number of people who required medical attention at any given time did not become greater than the capacity of the medical system to provide that medical attention. In practice, this meant ensuring there was a sufficient number of beds in Intensive Care Units (ICUs).

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