Why we triage

Rhetorical questions, we know, are not questions at all, but statements. Reading Dr Shane Neilson's recent article[1] on disability and coronavirus disease 2019 (COVID-19), I believe that the audience would have been better served had he posed his "thought experiment" as a true experiment, without presupposition of the outcome: "If a 44-year-old physician without a history of addiction, bipolar disorder, and autism appeared alongside one who did in the emergency department, both in respiratory distress, who gets the ventilator preferentially?"[1] Dr Neilson indicates that he has the "lived experience" to know, but clearly this is rhetorical. Frankly, the intensive care unit triage document that I had the opportunity to review as part of my work planning for pandemic response in southwestern Ontario would not have provided any guidance in this scenario, as the medical conditions Dr Neilson lists could not be reliably linked to impaired survival of a serious infectious illness.

I find it problematic that Dr Neilson characterizes the ethos of triage planning as "nonnormative life is less worthy of investment."[1] While a utilitarian approach has its weaknesses, its principal strength is the recognition that outcomes matter to us as human beings. Having 2 people die rather than 1 (because a scarce resource was used to prolong the life of a frail patient who ultimately dies, and a patient with a better chance of survival was denied a life-saving, short-term intervention) will strike most people as an unfortunate and undesirable outcome. Normativity is not the issue here; the reality of being biological creatures means that we all die, but we recognize markers of the imminence of that death. These markers are not perfect, but insisting on perfection is an abdication of our ability and responsibility to exercise moral judgment. Strict application of a "first come, first served" approach, with only a careful documentation of arrival times, might satisfy a desire to highlight the equality of all people, but its passivity violates the desire to create better outcomes for more people.

Without a doubt, those of us working in health care, and particularly those of us without identified disabilities, need to listen to the voices of people such as Dr Neilson regarding protection for vulnerable individuals. However, many triage documents expressly recognize this need[2,3] and engaging in the planning activity itself does not, contrary to Dr Neilson's assertion, constitute an intrinsic betrayal of these members of our societies.

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Competing interests
None declared

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Need clear and consistent message about masks

As members of the College of Family Physicians of Canada who are part of Masks4Canada (**www.masks4canada.org**), a community group of Canadian physicians, professionals, and citizens in support of masking in high-risk settings, we are writing to express our concerns with the public-facing article published in the July issue of *Canadian Family Physician*: "PEER simplified tool: mask use by the general public and by health care workers."[1]

We are at a critical time in Canada's fight against severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and the surges that are emerging nationwide as economies reopen and interaction increases among the public. Clear and consistent messages are imperative around public masking. Public messaging must clearly articulate that cloth masking is an added layer of protection in addition to physical distancing and hand hygiene.

While we understand that this review of the current available evidence does indeed support the use of public masking in the first infographic, we are concerned that this article provides a confusing and unclear message for the public. We are surprised that such a nuanced evidence base regarding masking would have been made into a public-facing infographic, given the complexities of the emerging evidence base for source control for coronavirus. Many of our colleagues did not realize that these studies were not done with SARS-CoV-2, but with influenza viruses. Those who spoke with members