

LIES, DAMNED LIES AND SADISTICS

WITH DAVID DICKSON

Episode 2 – Choosing Wisely

<https://dksdata.com/COVID19>

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- Hospitalisations
- Cases
- Deaths
- Testing
- AEFI/Vaccinations
- Pfizer
- Choosing Wisely

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Active Cases, Hospitalizations & Deaths

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Alberta Data as of February 27th, 2022 from - https://www.alberta.ca/covid-19-alberta-data.aspx						
February 27th, 2022	Actual Total Reported Deaths (Highlights page)	Total since Jan 1, 2021 Unvaxxed or 2 weeks (Outcomes page)	Total since Jan 1 2021 (Outcomes page)	Total since Jan 1, 2021 Fully Vaxxed (Outcomes page)	Date/Days	
Cases	9,188	224,511	422,556	198,045	2022-02-27	
Hospital	1,224	11,906	18,483	6,577		
Deaths	3,912	1,514	2,381	867	Previous 3 days	
Change (Cases)	-924	269	1,434	1,165		
Change (Hospital)	-71	60	189	129	Un Vax	
Change (Deaths)	14	4	14	10		Vax
					19%	81%
					32%	68%
					29%	71%

Alberta Data as of March 2nd, 2022 from - https://www.alberta.ca/covid-19-alberta-data.aspx						
March 1st, 2022	Actual Total Reported Deaths (Highlights page)	Total since Jan 1, 2021 Unvaxxed or 2 weeks (Outcomes page)	Total since Jan 1 2021 (Outcomes page)	Total since Jan 1, 2021 Fully Vaxxed (Outcomes page)	Date/Days	
Cases	8,064	224,351	423,309	198,958	2022-01-01	
Hospital	1,231	11,944	18,618	6,674		
Deaths	3,939	1,525	2,408	883	Previous 2 days	
Change (Cases)	-1,124	-160	753	913		
Change (Hospital)	7	38	135	97	Un Vax	
Change (Deaths)	27	11	27	16		Vax
					-21%	121%
					28%	72%
					41%	59%

Alberta Data as of March 3rd, 2022 from - https://www.alberta.ca/covid-19-alberta-data.aspx						
March 2nd, 2022	Reported Deaths	Unvaxxed or 2 weeks (Outcomes page)	Fully Vaxxed	Date/Days		
Cases	7,945	224,440	423,848	199,408	2022-01-02	
Hospital	1,204	11,965	18,675	6,710		
Deaths	3,946	1,527	2,415	888	Previous 1 day	
Change (Cases)	-119	89	539	450		
Change (Hospital)	-27	21	57	36	Un Vax	
Change (Deaths)	7	2	7	5		Vax
					17%	83%
					37%	63%
					29%	71%

Alberta Data as of March 4th, 2022 from - https://www.alberta.ca/covid-19-alberta-data.aspx						
March 3rd, 2022	Actual Total Reported Deaths (Highlights page)	Total since Jan 1, 2021 Unvaxxed or 2 weeks (Outcomes page)	Total since Jan 1 2021 (Outcomes page)	Total since Jan 1, 2021 Fully Vaxxed (Outcomes page)	Date/Days	
Cases	7,646	224,444	424,350	199,906	2022-01-03	
Hospital	1,164	11,978	18,723	6,745		
Deaths	3,954	1,530	2,423	893	Previous 1 day	
Change (Cases)	-299	4	502	498		
Change (Hospital)	-40	13	48	35	Un Vax	
Change (Deaths)	8	3	8	5		Vax
					1%	99%
					27%	73%
					38%	63%

<https://www.alberta.ca/stats/covid-19-alberta-statistics.htm>

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1,525	2,408	883
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Date/Days		
2022-01-01		
	Un Vax	Vax
Previous 2 days	-21%	121%
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4	502	498
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2022-01-03		
	Un Vax	Vax
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February 2022 had the third highest reported COVID death count since March 2020



<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>

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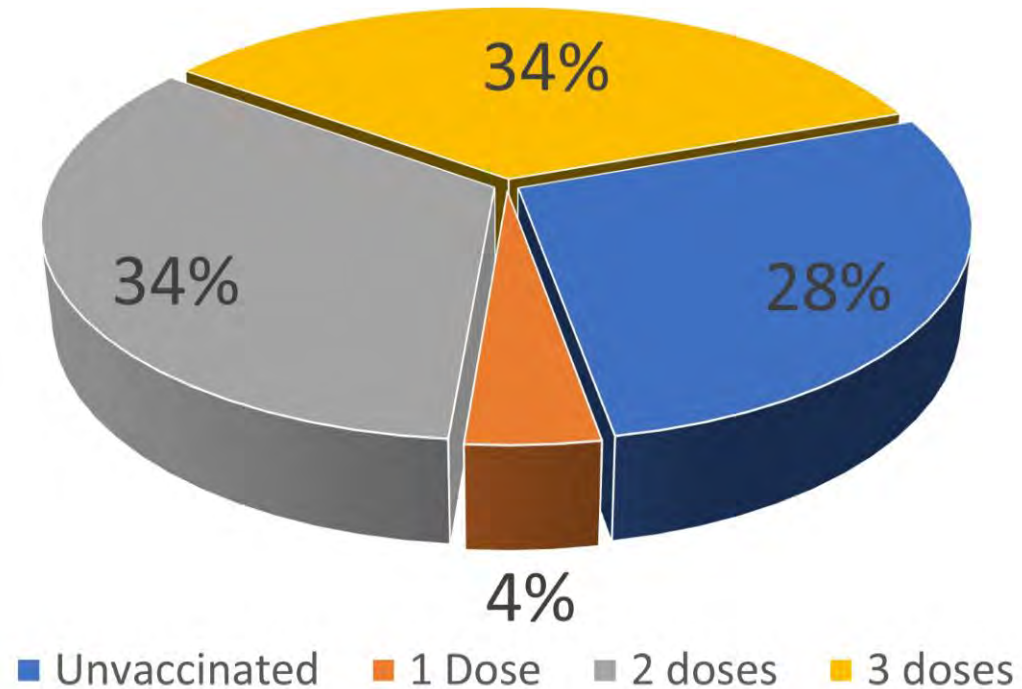
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March 3rd, 2022 - Alberta Acute Care
COVID Percentage



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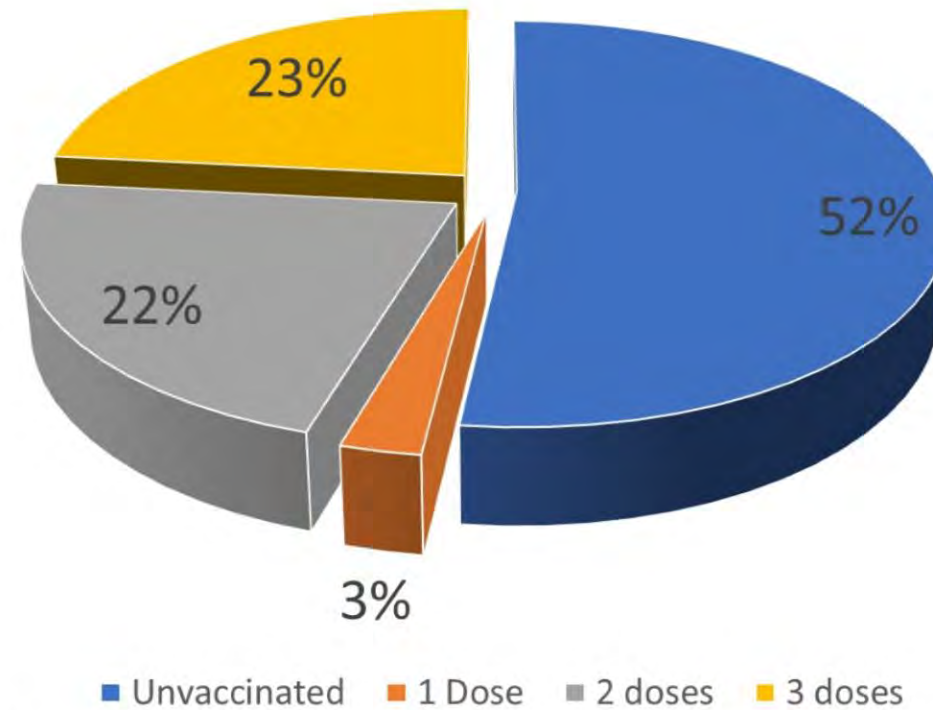
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March 2nd, 2022 - Alberta ICU
COVID Percentage



<https://www.alberta.ca/stats/covid-19-alberta-statistics.htm>

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New, Active, Hospitalized Cases

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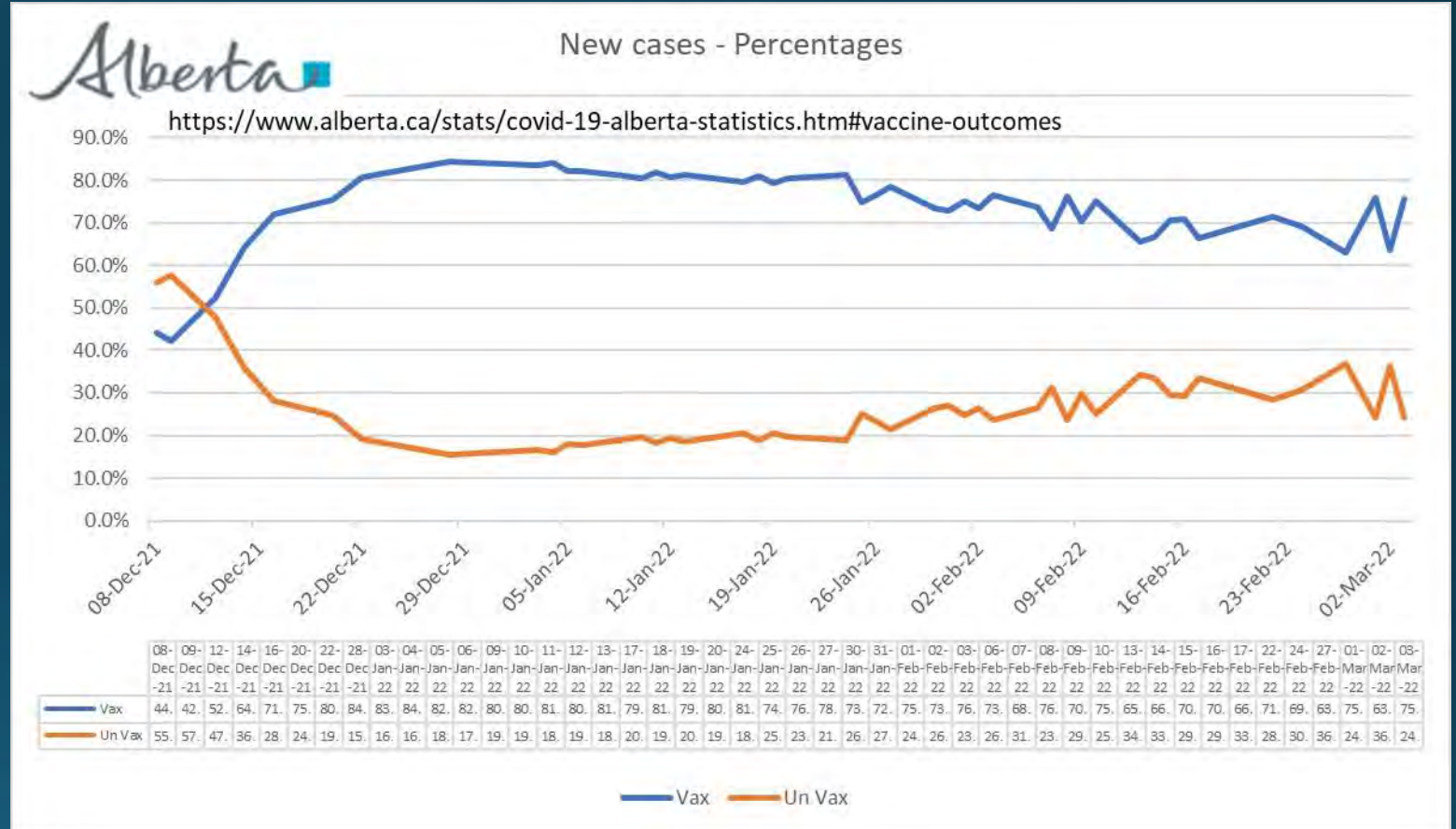
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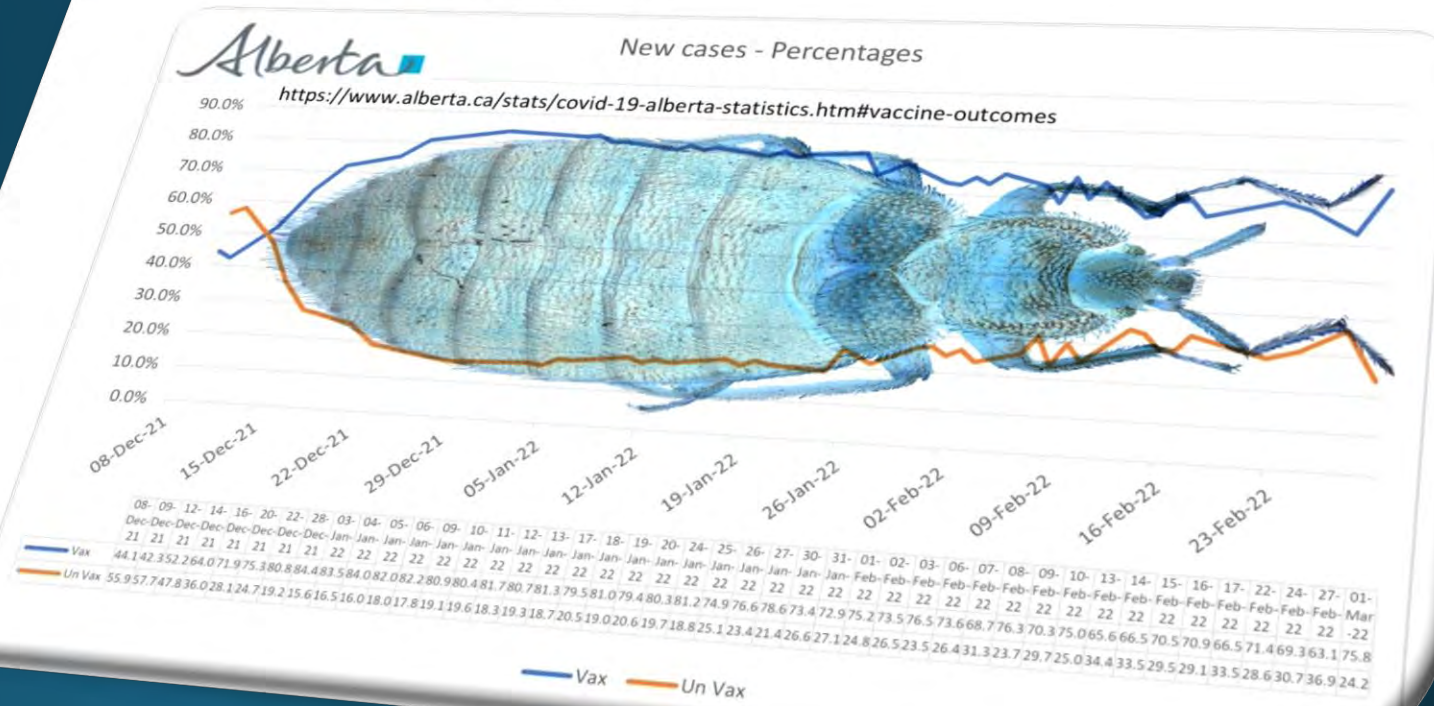
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Jason Prescott @FastTadpole · 23h

Mite have a winner here in AHS bedbugs .. which might also explain what happened to hospital capacity.



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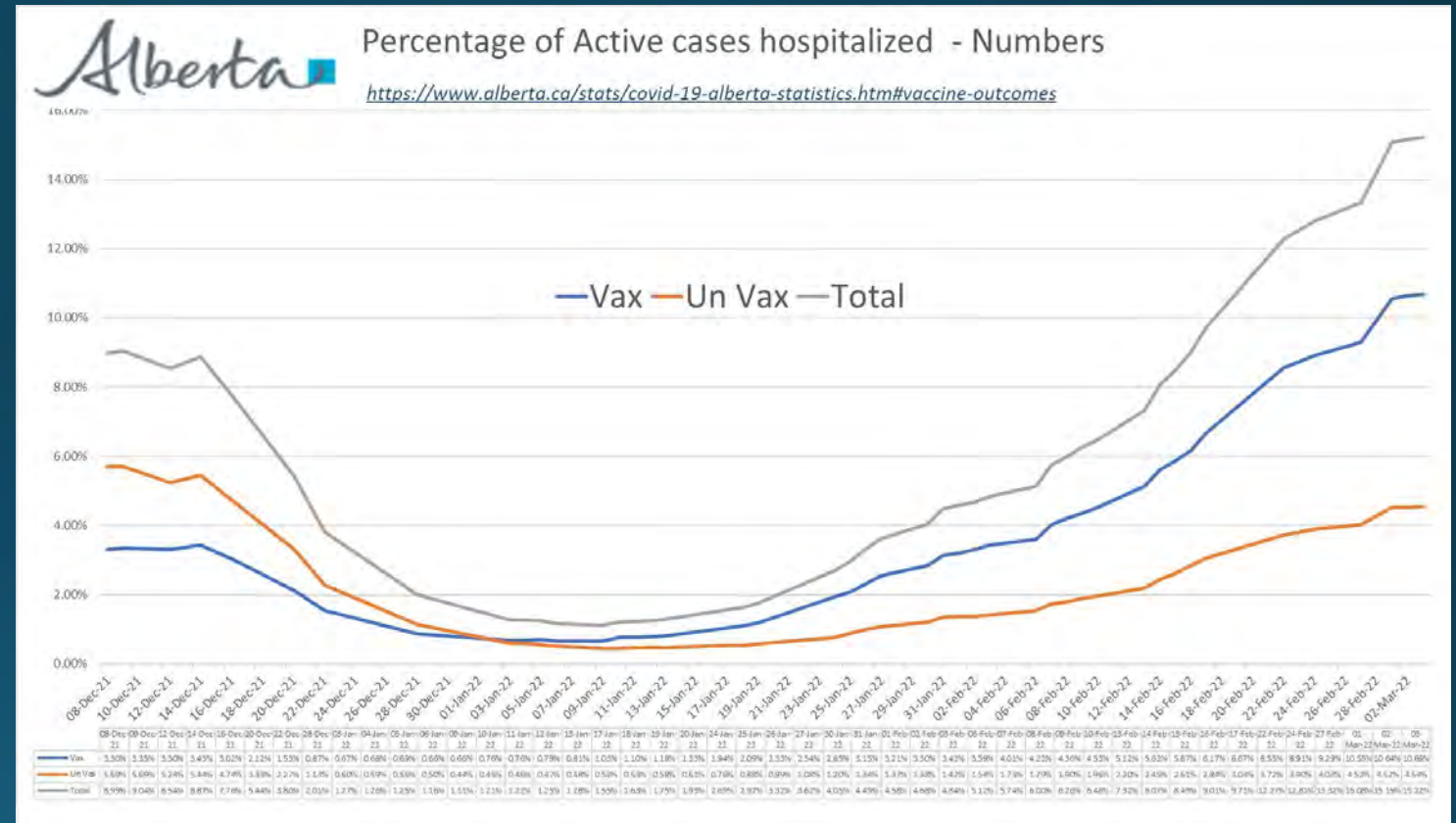
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Testing

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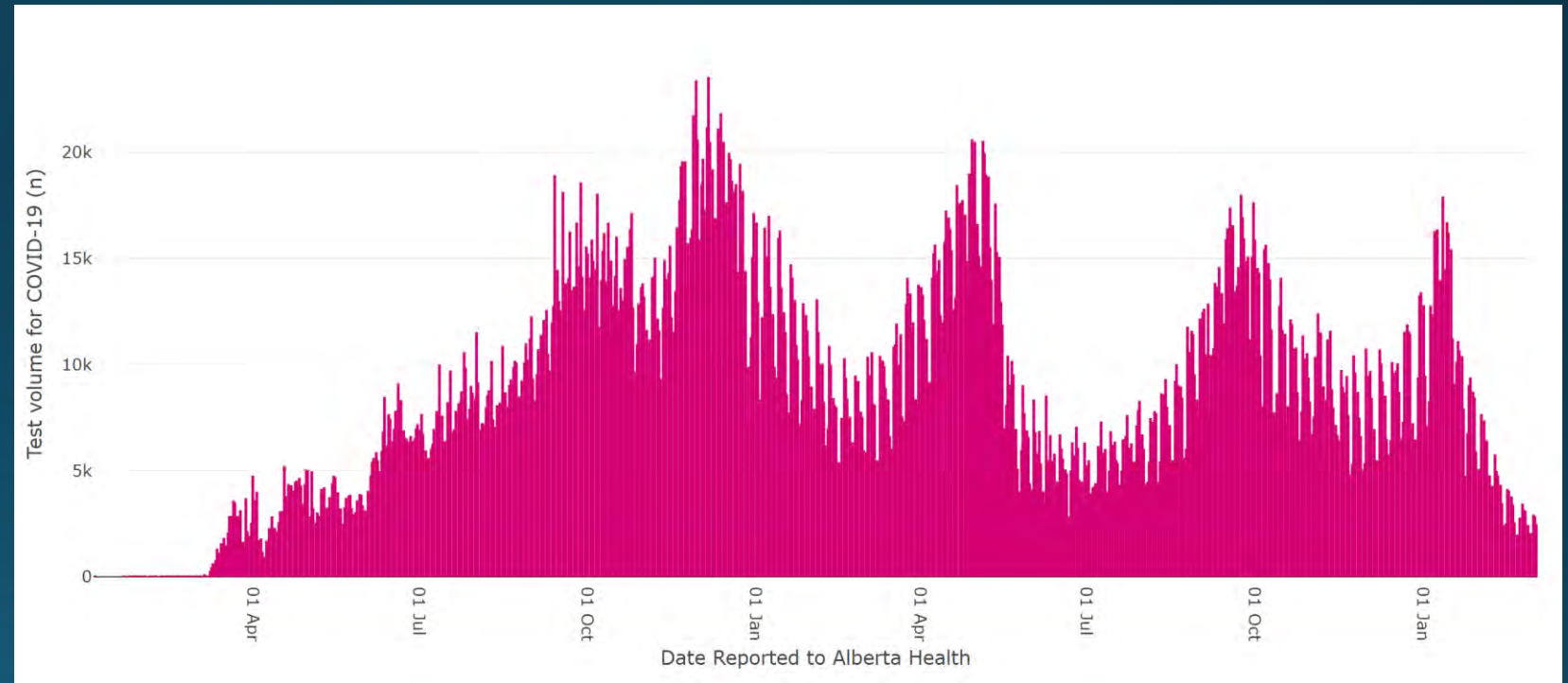
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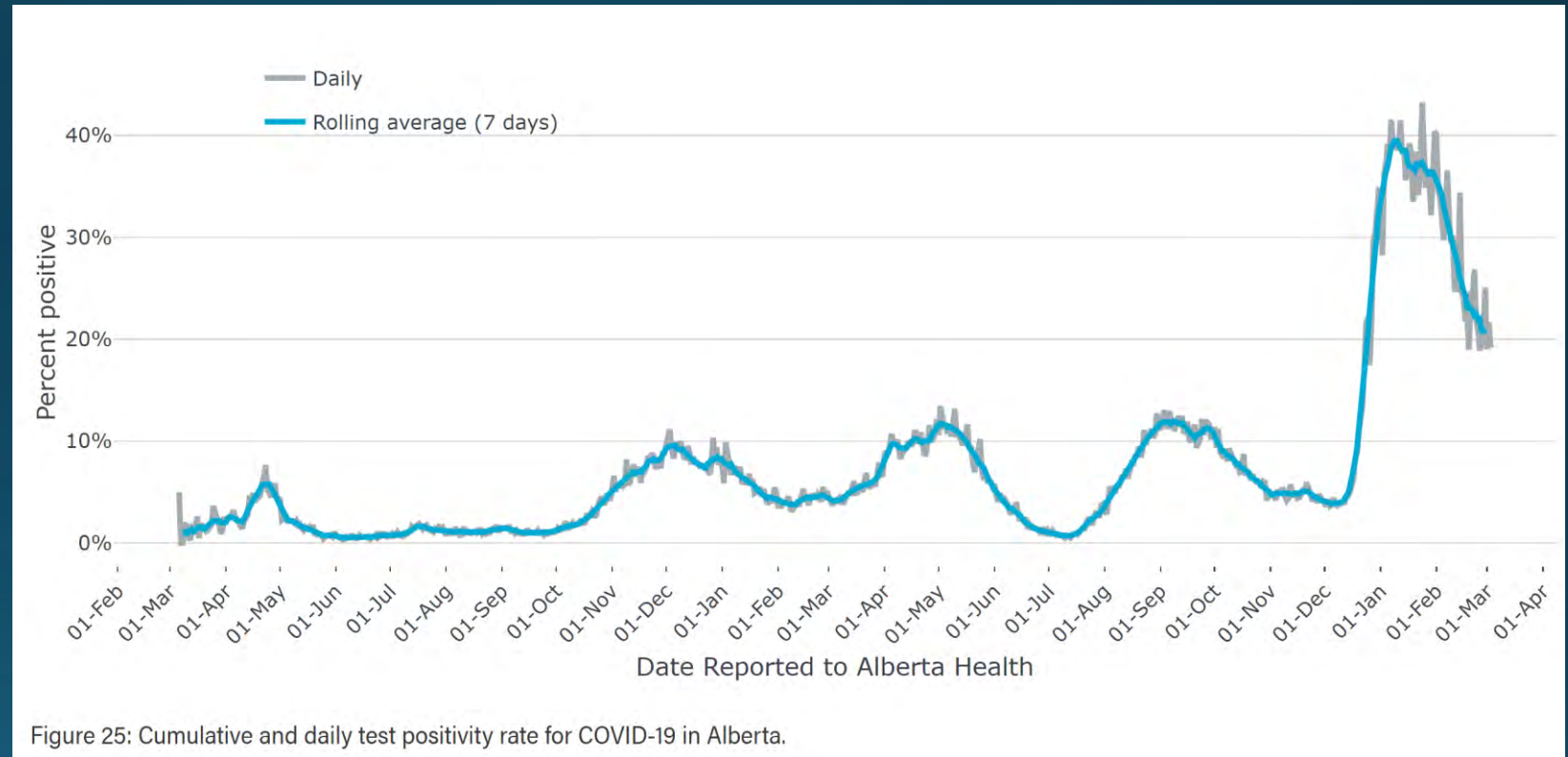
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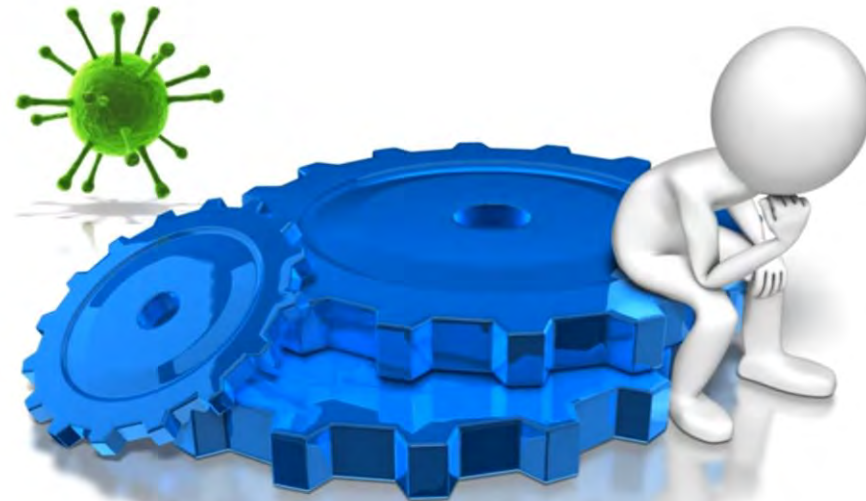
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Counting cars. How COVID 19 is being reported.



<https://youtu.be/QM79ybr7Y18> (Short version)

<https://youtu.be/zr4kscUNGgk> (Long version)

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Thursday Mar 03, 2022									
Age group	Population	1 dose	% of population with 1 dose	2 doses	% of population with 2 doses	3 doses	% of population with 3 doses	4 doses	Total administered
00-04									
05-11	391,430	186,171	47.6	103,575	26.5	36	0	1	289,783
12-15	162,518	141,632	87.1	134,749	82.9	2,442	1.5	9	278,832
15-19	256,700	223,282	87	212,606	82.8	30,342	11.8	41	466,092
20-24	276,916	239,143	86.4	224,577	81.1	64,178	23.2	80	527,508
25-29	314,340	261,172	83.1	246,268	78.3	76,143	24.2	115	583,067
30-34	356,224	299,871	84.2	285,616	80.2	100,453	28.2	208	685,221
35-39	359,135	312,812	87.1	300,970	83.8	118,317	32.9	273	731,378
40-44	319,735	284,124	88.9	276,441	86.5	122,801	38.4	1,052	683,524
45-49	288,613	257,387	89.2	250,421	86.8	122,404	42.4	1,247	630,700
50-54	266,607	242,713	91	236,428	88.7	130,641	49	1,264	610,421
55-59	284,313	255,237	89.8	246,953	86.9	150,343	52.9	2,069	654,085
60-64	264,324	249,216	94.3	242,425	91.7	167,302	63.3	5,894	664,459
65-69	209,995	204,450	97.4	200,812	95.6	155,701	74.1	999	561,728
70-74	157,696	154,547	98	154,174	97.8	124,632	79	775	433,996
75-79	103,045	98,669	95.8	97,607	94.7	87,291	84.7	533	284,015
80-84	68,661	64,820	94.4	64,102	93.4	56,431	82.2	244	185,585
85-89	44,188	41,214	93.3	40,691	92.1	35,705	80.8	83	117,680
90+	27,809	26,058	93.7	25,718	92.5	23,175	83.3	39	74,986
Unknown	0	32,190	0	14,031	0	2	0	0	46,222
18+	3,444,862	3,114,789	90.4	2,993,546	86.9	1,561,353	45.3	14,902	7,677,737
12+	3,760,818	3,388,537	90.1	3,254,589	86.5	1,568,303	41.7	14,925	8,219,499
5+	4,152,248	3,574,708	86.1	3,358,164	80.9	1,568,339	37.8	14,926	8,509,282
ALL	4,420,039	3,574,708	80.9	3,358,164	76	1,568,339	35.5	14,926	8,509,282

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Change Sunday Feb 27, 2022 - Monday Feb 28, 2022									
Age group	Dose 1	Dose 2	Dose 3	Dose 4	Total administered	Increase per day 1	Increase per day 2	Increase per day 3	Increase per day 4
00-04	0	0	0	0	0	0	0	0	0
05-11	91	488	0	0	579	91	488	0	0
12-15	18	50	19	0	87	18	50	19	0
15-19	14	28	95	1	138	14	28	95	1
20-24	26	31	137	2	196	26	31	137	2
25-29	30	46	156	4	236	30	46	156	4
30-34	31	42	187	6	266	31	42	187	6
35-39	24	40	185	8	257	24	40	185	8
40-44	17	30	194	13	254	17	30	194	13
45-49	16	29	180	24	248	16	29	180	24
50-54	11	29	171	20	231	11	29	171	20
55-59	10	11	178	36	235	10	11	178	36
60-64	15	20	135	55	225	15	20	135	55
65-69	9	11	113	29	162	9	11	113	29
70-74	2	7	66	27	102	2	7	66	27
75-79	6	6	35	10	57	6	6	35	10
80-84	1	6	13	6	26	1	6	13	6
85-89	2	1	13	3	19	2	1	13	3
90+	0	1	2	0	3	0	1	2	0
Unknown	0	2	0	0	2	0	2	0	0
18+	207	320	1,829	243	2,598	207	320	1,829	243
12+	232	390	1,879	244	2,744	232	390	1,879	244
5+	323	878	1,879	244	3,323	323	878	1,879	244
ALL	323	878	1,879	244	3,323	323	878	1,879	244

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Change Monday Feb 28, 2022 - Tuesday Mar 01, 2022									
Age group	Dose 1	Dose 2	Dose 3	Dose 4	Total administered	Increase per day 1	Increase per day 2	Increase per day 3	Increase per day 4
00-04	0	0	0	0	0	0	0	0	0
05-11	88	649	1	0	738	88	649	1	0
12-15	11	28	20	0	59	11	28	20	0
15-19	20	30	64	2	116	20	30	64	2
20-24	23	29	118	4	173	23	29	118	4
25-29	26	41	130	3	199	26	41	130	3
30-34	35	44	131	5	212	35	44	131	5
35-39	18	36	141	5	199	18	36	141	5
40-44	16	31	138	30	213	16	31	138	30
45-49	6	23	123	16	164	6	23	123	16
50-54	14	15	143	26	198	14	15	143	26
55-59	14	14	151	31	207	14	14	151	31
60-64	15	17	116	56	204	15	17	116	56
65-69	8	8	95	28	139	8	8	95	28
70-74	7	5	83	20	115	7	5	83	20
75-79	4	3	33	18	58	4	3	33	18
80-84	3	1	16	7	27	3	1	16	7
85-89	1	0	8	4	13	1	0	8	4
90+	0	2	12	1	15	0	2	12	1
Unknown	3	2	0	0	5	3	2	0	0
18+	202	285	1,479	256	2,207	202	285	1,479	256
12+	224	329	1,522	256	2,316	224	329	1,522	256
5+	312	978	1,523	256	3,054	312	978	1,523	256
ALL	312	978	1,523	256	3,054	312	978	1,523	256

<https://www.alberta.ca/stats/covid-19-alberta-statistics.htm>

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Change Tuesday Mar 01, 2022 - Wednesday Mar 02, 2022									
Age group	Dose 1	Dose 2	Dose 3	Dose 4	Total administered	Increase per day 1	Increase per day 2	Increase per day 3	Increase per day 4
00-04	0	0	0	0	0	0	0	0	0
05-11	114	757	2	0	873	114	757	2	0
12-15	2	32	0	1	35	2	32	0	1
15-19	10	6	26	-1	41	10	6	26	-1
20-24	4	7	37	0	47	4	7	37	0
25-29	14	20	54	-2	85	14	20	54	-2
30-34	14	7	60	2	79	14	7	60	2
35-39	9	16	82	6	112	9	16	82	6
40-44	7	6	58	-3	67	7	6	58	-3
45-49	11	7	52	1	70	11	7	52	1
50-54	2	10	30	-7	35	2	10	30	-7
55-59	3	10	14	-1	25	3	10	14	-1
60-64	0	4	21	38	61	0	4	21	38
65-69	6	1	24	17	48	6	1	24	17
70-74	0	4	5	13	21	0	4	5	13
75-79	-2	3	13	13	26	-2	3	13	13
80-84	-1	0	6	3	8	-1	0	6	3
85-89	2	0	4	0	6	2	0	4	0
90+	1	0	-2	-1	-2	1	0	-2	-1
Unknown	0	1	0	0	1	0	1	0	0
18+	80	96	474	78	714	80	96	474	78
12+	82	134	484	79	765	82	134	484	79
5+	196	891	486	79	1,638	196	891	486	79
ALL	196	891	486	79	1,638	196	891	486	79

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Change Wednesday Mar 02, 2022 - Thursday Mar 03, 2022									
Age group	Dose 1	Dose 2	Dose 3	Dose 4	Total administered	Increase per day 1	Increase per day 2	Increase per day 3	Increase per day 4
00-04	0	0	0	0	0	0	0	0	0
05-11	129	805	0	0	934	129	805	0	0
12-15	17	59	28	0	104	17	59	28	0
15-19	11	16	61	0	88	11	16	61	0
20-24	22	23	99	0	143	22	23	99	0
25-29	33	41	122	1	196	33	41	122	1
30-34	26	41	156	2	221	26	41	156	2
35-39	19	37	155	5	214	19	37	155	5
40-44	17	21	133	14	185	17	21	133	14
45-49	2	22	121	12	157	2	22	121	12
50-54	7	22	121	17	167	7	22	121	17
55-59	8	11	116	19	154	8	11	116	19
60-64	8	15	104	41	166	8	15	104	41
65-69	8	8	97	26	139	8	8	97	26
70-74	5	4	47	16	72	5	4	47	16
75-79	2	3	18	10	33	2	3	18	10
80-84	1	2	8	8	19	1	2	8	8
85-89	1	0	5	0	6	1	0	5	0
90+	0	0	5	0	5	0	0	5	0
Unknown	2	1	0	0	3	2	1	0	0
18+	168	259	1,341	171	1,929	168	259	1,341	171
12+	189	326	1,396	171	2,072	189	326	1,396	171
5+	318	1,131	1,396	171	3,006	318	1,131	1,396	171
ALL	318	1,131	1,396	171	3,006	318	1,131	1,396	171

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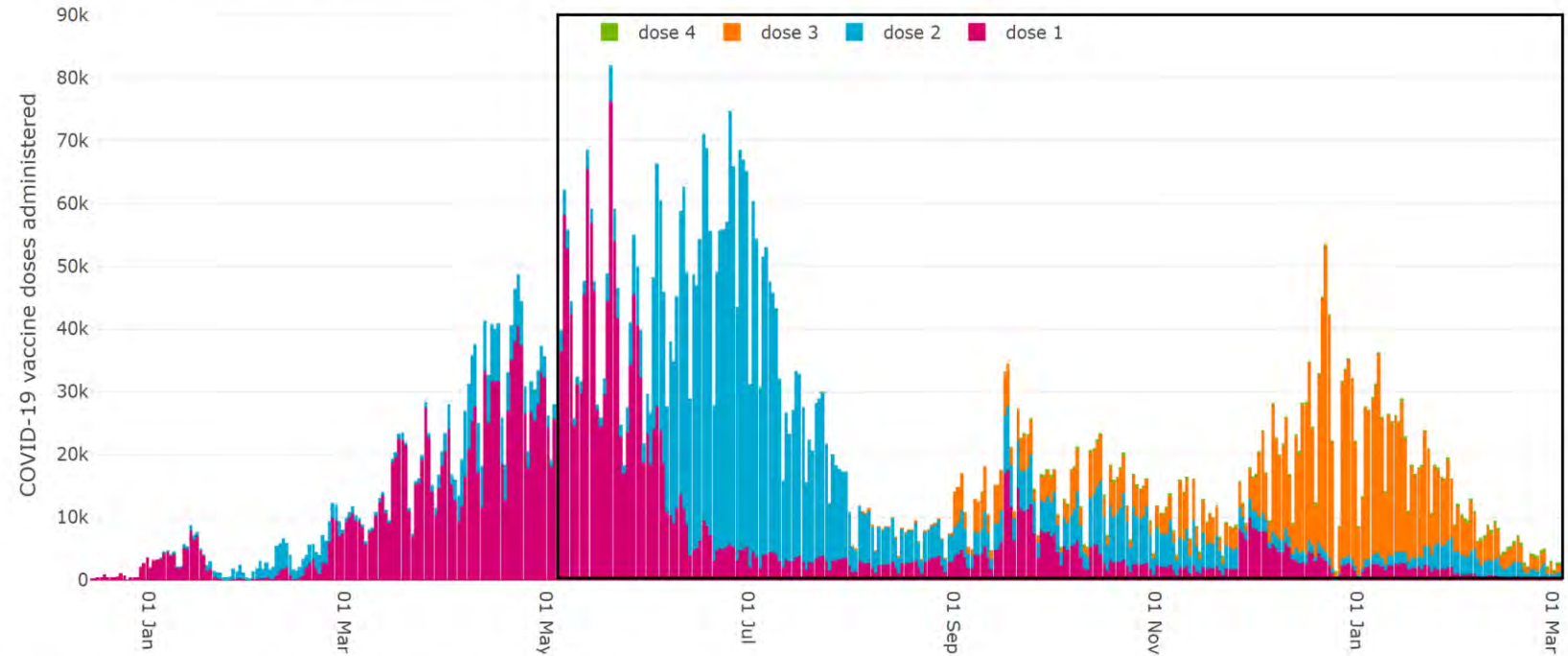
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Number of COVID-19 vaccine doses administered by day in Alberta



Number of COVID-19 vaccine doses administered by dose and day**

<https://www.alberta.ca/stats/covid-19-alberta-statistics.htm>

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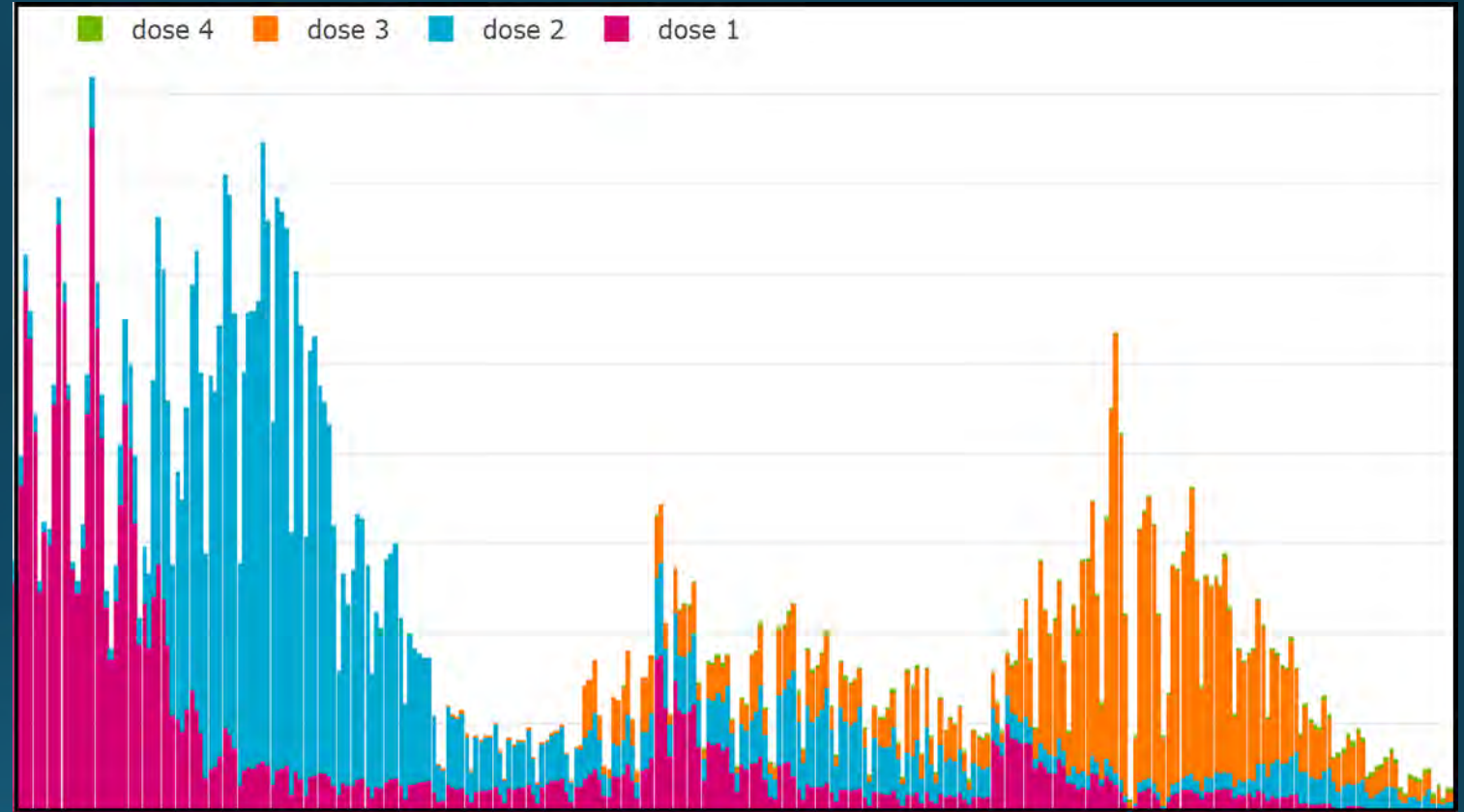
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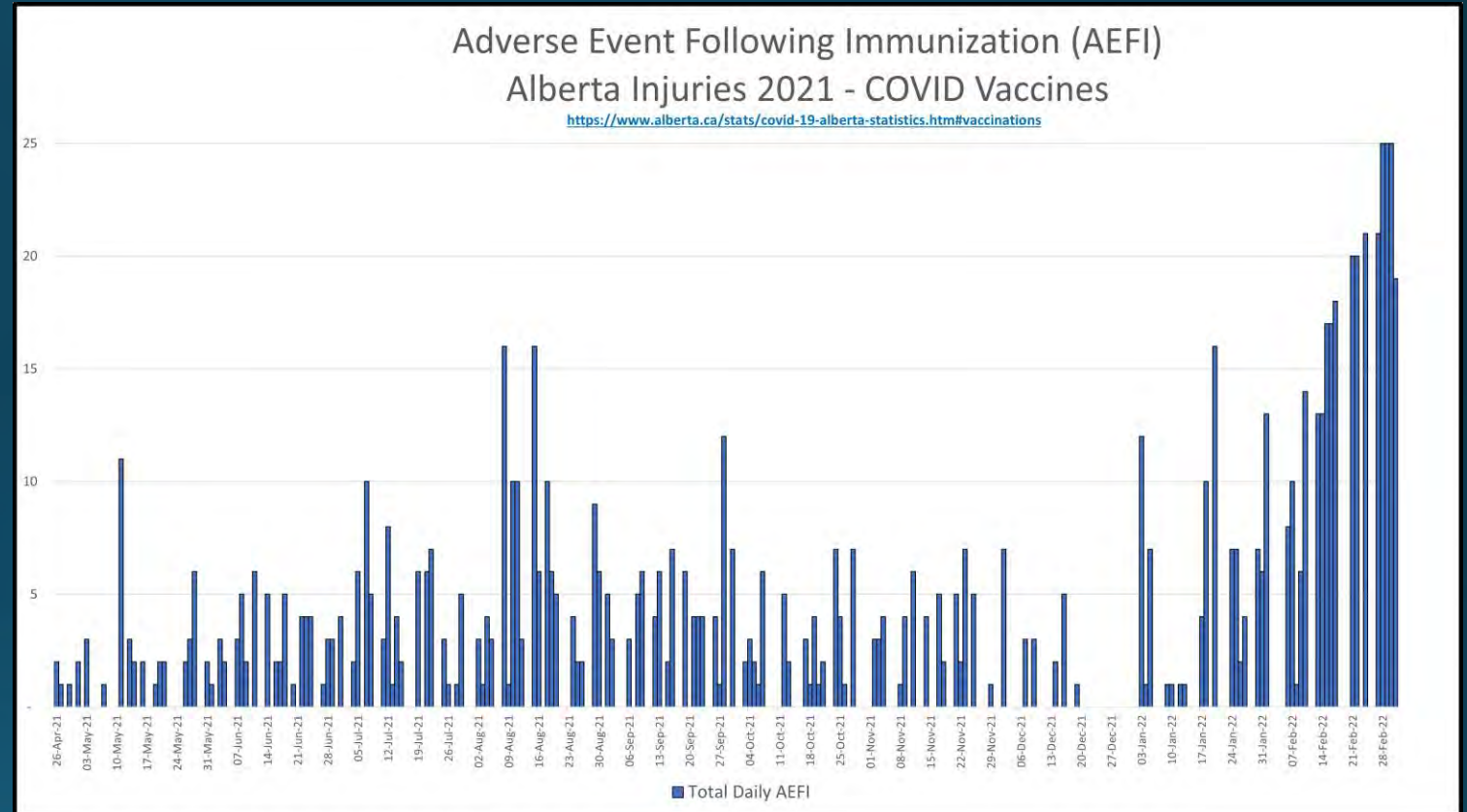
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Vaccinations / AEFI

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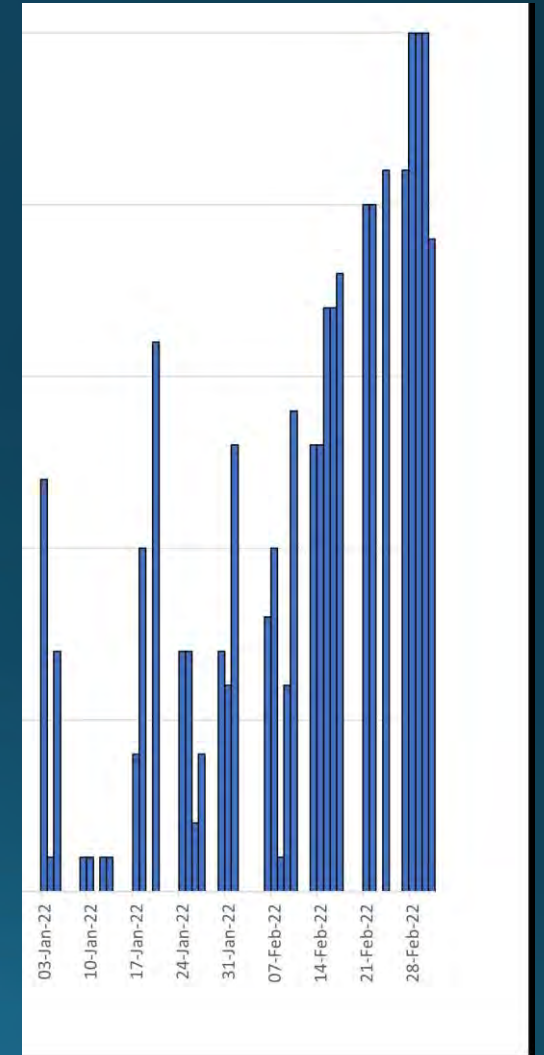
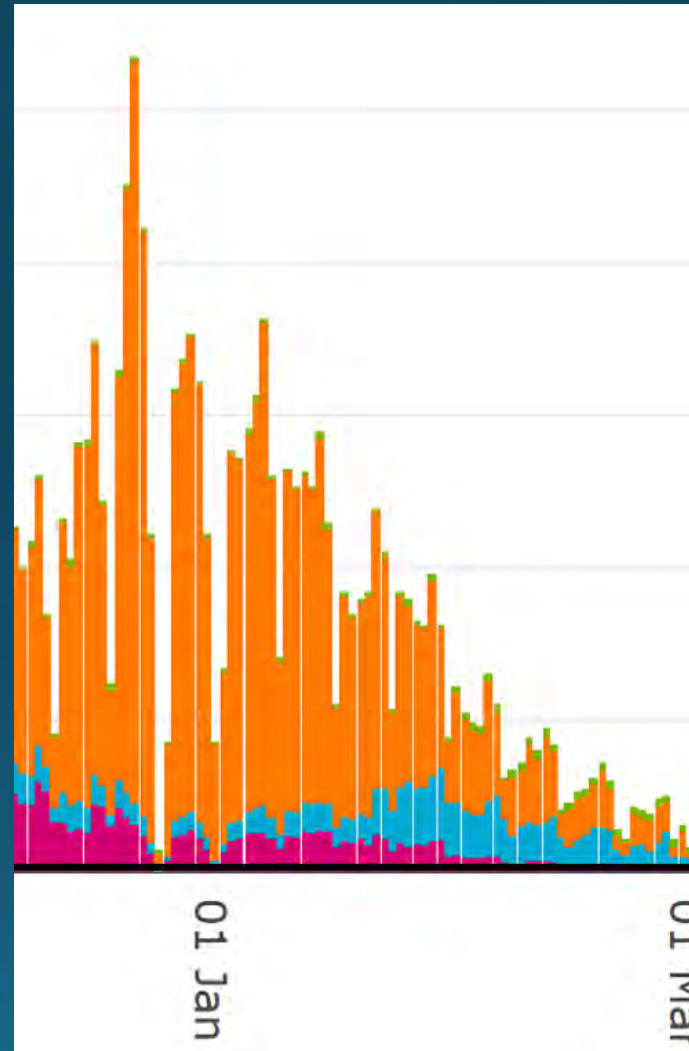
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Wednesday Mar 02, 2022					Change Monday Feb 28, 2022 - Wednesday Mar 02, 2022		
Age group	AEFIs (n)	Percent of doses administered (%)	Rate (per 100,000 doses administered)	Total doses administered	Age group	AEFI Change Alberta	Change in Total Doses Administered
00-04	0	0	0	0	00-04	0	0
05-11	32	0.011	11.1	288,849	05-11	2	873
12-15	53	0.019	19	278,728	12-15	0	35
15-19	114	0.024	24.5	466,004	15-19	0	41
20-24	146	0.028	27.7	527,365	20-24	0	47
25-29	173	0.03	29.7	582,871	25-29	2	85
30-34	264	0.039	38.5	685,000	30-34	1	79
35-39	247	0.034	33.8	731,164	35-39	0	112
40-44	316	0.046	46.2	683,339	40-44	0	67
45-49	246	0.039	39	630,543	45-49	0	70
50-54	215	0.035	35.2	610,254	50-54	0	35
55-59	229	0.035	35	653,931	55-59	0	25
60-64	206	0.031	31	664,293	60-64	0	61
65-69	130	0.023	23.1	561,589	65-69	2	48
70-74	105	0.024	24.2	433,924	70-74	1	21
75-79	57	0.02	20.1	283,982	75-79	-1	26
80-84	27	0.015	14.6	185,566	80-84	0	8
85-89	27	0.023	22.9	117,674	85-89	0	6
90+	15	0.02	20	74,981	90+	0	-2
Unknown	6	0	0	0	Unknown	0	0
All	2,608	0.031	30.7	8,506,276	All	7	1,638
						AEFI	Vaccinations
					Total	2,457	8,314,131
					# in 24 hours	7	1,638
					% in 24 hours	0.28%	0.02%

<https://www.alberta.ca/stats/covid-19-alberta-statistics.htm>

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Thursday Mar 03, 2022					Change Wednesday Mar 02, 2022 - Thursday Mar 03, 2022		
Age group	AEFIs (n)	Percent of doses administered (%)	Rate (per 100,000 doses administered)	Total doses administered	Age group	AEFI Change Alberta	Change in Total Doses Administered
00-04	0	0	0	0	00-04	0	0
05-11	32	0.011	11	289,783	05-11	0	934
12-15	53	0.019	19	278,832	12-15	0	104
15-19	115	0.025	24.7	466,092	15-19	1	88
20-24	146	0.028	27.7	527,508	20-24	0	143
25-29	175	0.03	30	583,067	25-29	2	196
30-34	265	0.039	38.7	685,221	30-34	1	221
35-39	248	0.034	33.9	731,378	35-39	1	214
40-44	316	0.046	46.2	683,524	40-44	0	185
45-49	246	0.039	39	630,700	45-49	0	157
50-54	215	0.035	35.2	610,421	50-54	0	167
55-59	229	0.035	35	654,085	55-59	0	154
60-64	206	0.031	31	664,459	60-64	0	166
65-69	130	0.023	23.1	561,728	65-69	0	139
70-74	106	0.024	24.4	433,996	70-74	1	72
75-79	57	0.02	20.1	284,015	75-79	0	33
80-84	27	0.015	14.5	185,585	80-84	0	19
85-89	27	0.023	22.9	117,680	85-89	0	6
90+	15	0.02	20	74,986	90+	0	5
Unknown	6	0	0	0	Unknown	0	0
All	2,614	0.031	30.7	8,509,282	All	6	3,006
						AEFI	Vaccinations
					Total	2,457	8,314,131
					# in 24 hours	6	3,006
					% in 24 hours	0.24%	0.04%

<https://www.alberta.ca/stats/covid-19-alberta-statistics.htm>

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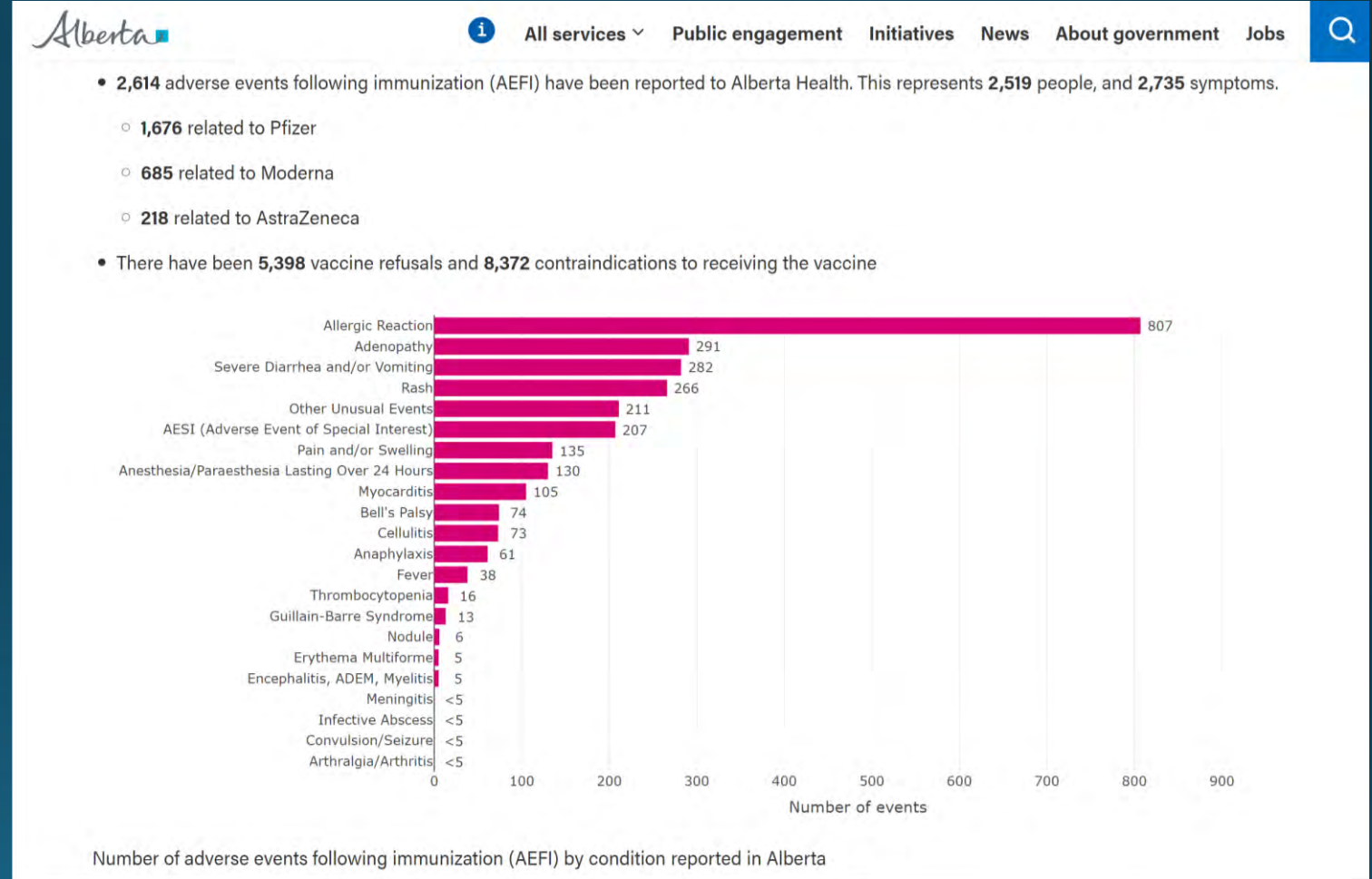
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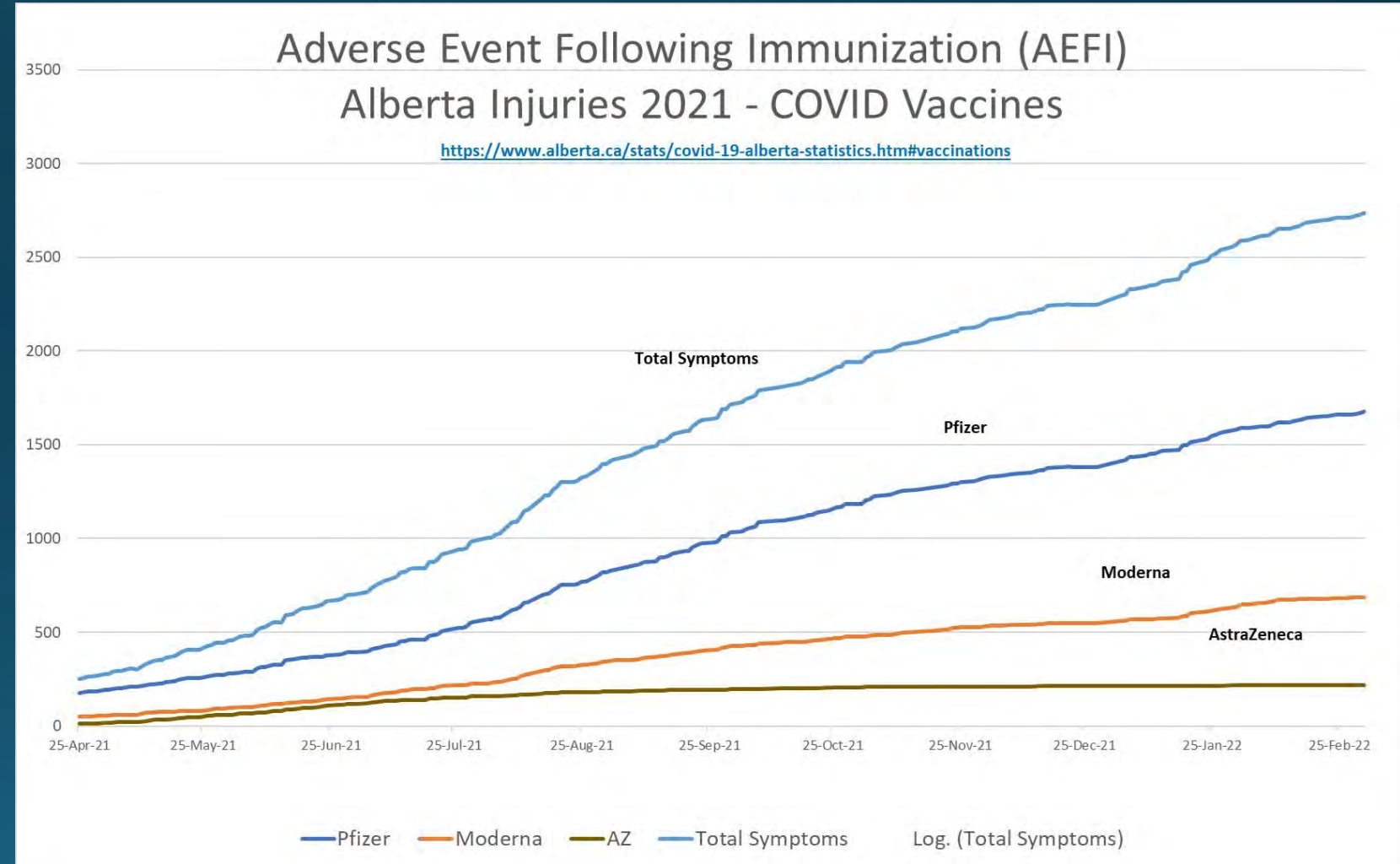
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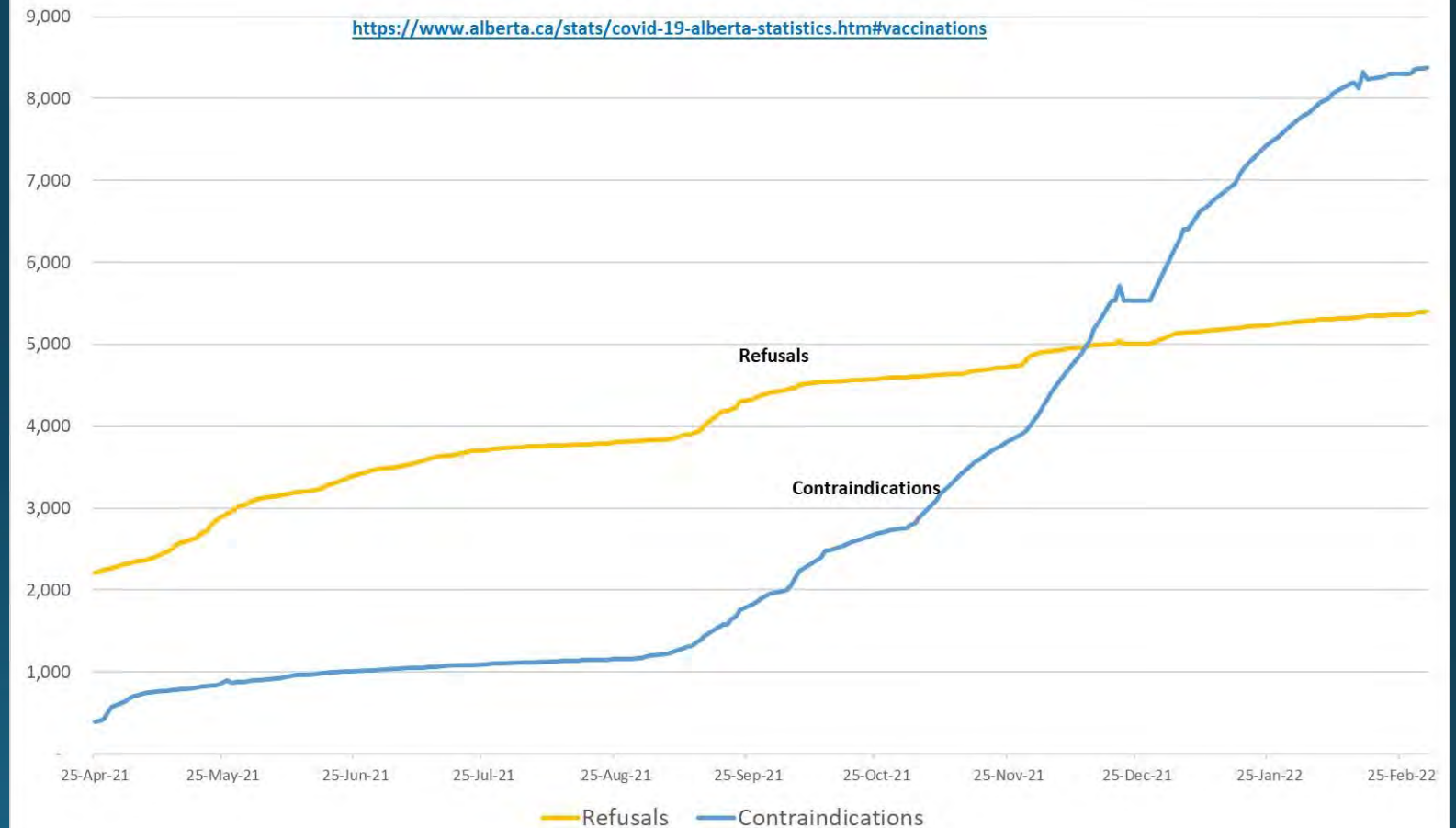
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Adverse Event Following Immunization (AEFI) Alberta Refusals and Contraindications



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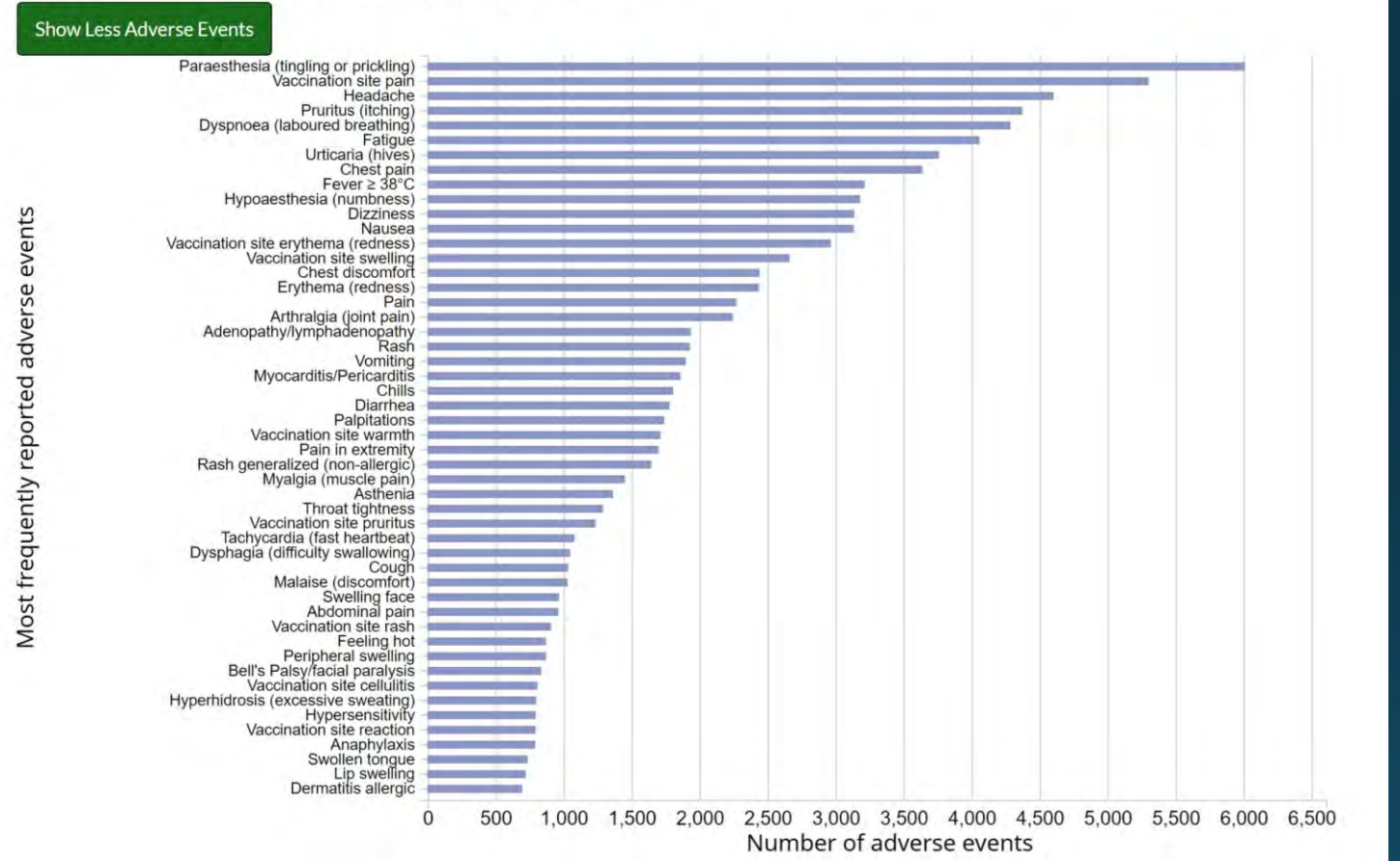
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Figure 4. Number of the most frequently reported adverse events by vaccine type (Total) up to and including February 25, 2022 (n=102,679)



<https://health-infobase.canada.ca/covid-19/vaccine-safety/#seriousNonSerious>

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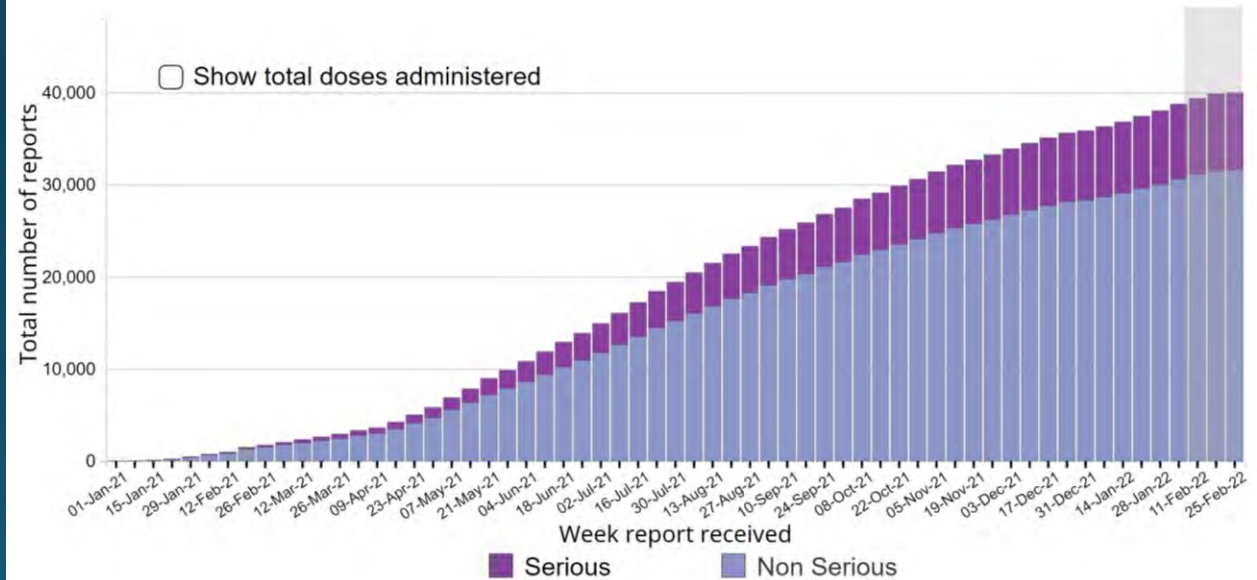
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Figure 1. of COVID-19 vaccine adverse event reports for and total doses administered per week up to and including February 25, 2022 (n=40,011)

Notes: Although the cumulative number of adverse event reports continues to increase over time, so does the number of doses administered. Up to and including February 25, all adverse event reports represented 0.050% of all doses administered.



Data notes: The shaded area represents a period of time (lag time) where there may be delays in receiving and processing reporting forms. There may also be delays in receiving data on doses administered.

Information on doses administered by age group was only available starting April 23, 2021 for those aged 12 and older, and starting November 27, 2021 for those under the age of 12. Rates of adverse event reports and doses administered by age group are not reported before these dates.

<https://health-infobase.canada.ca/covid-19/vaccine-safety/#seriousNonSerious>

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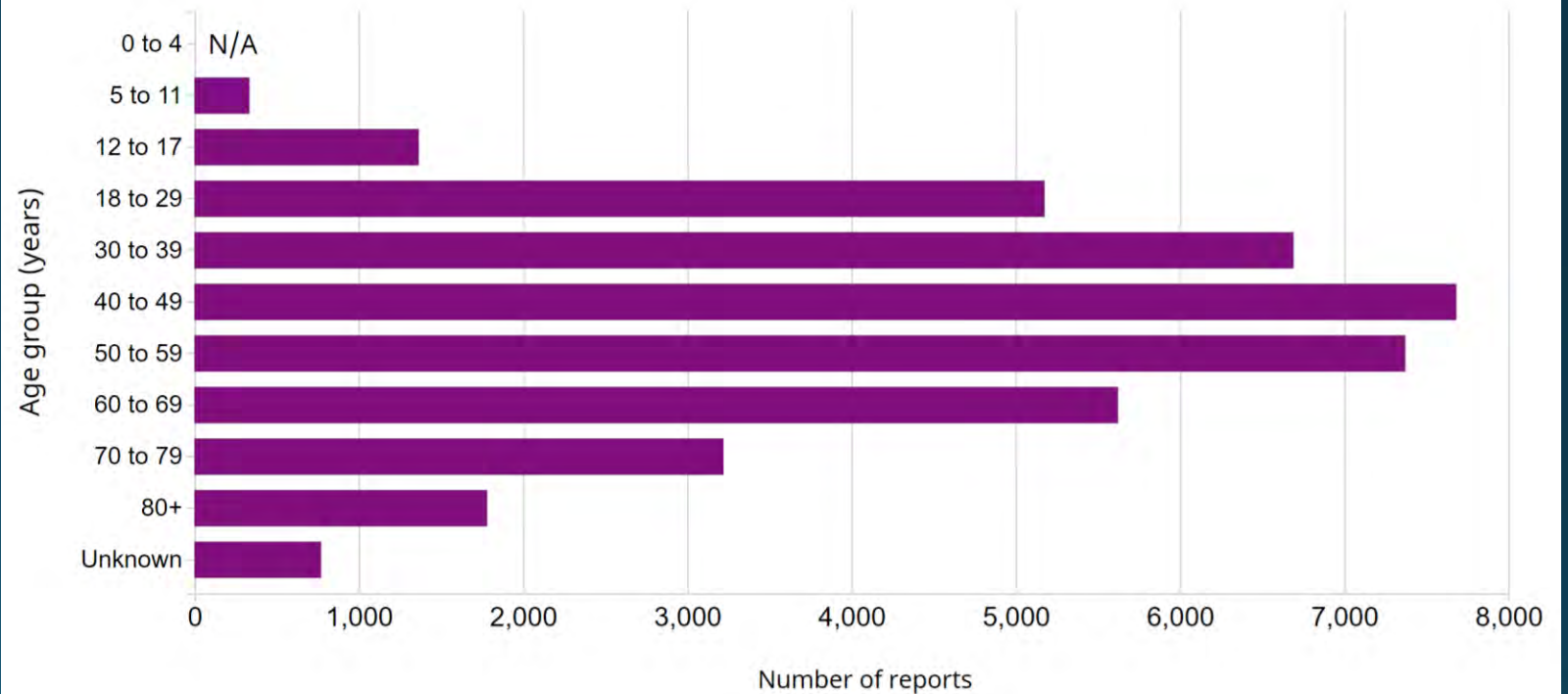
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Figure 3. Number of adverse event reports by age group up to and including February 25, 2022 (n=40,011)



Data notes: Reports of 11-year-olds who received the Pfizer-BioNtech Comirnaty COVID-19 vaccine dose for individuals 12 years of age and older before the pediatric dose was authorized were previously included in the 12 to 17 age group. As of December 17, 2021, they are included in the 5 to 11 age group, regardless of dosage amount. The 5 to 11 year age group also includes reports of individuals born in 2017 who had not yet turned 5 years old at the time of vaccination.

<https://health-infobase.canada.ca/covid-19/vaccine-safety/#seriousNonSerious>

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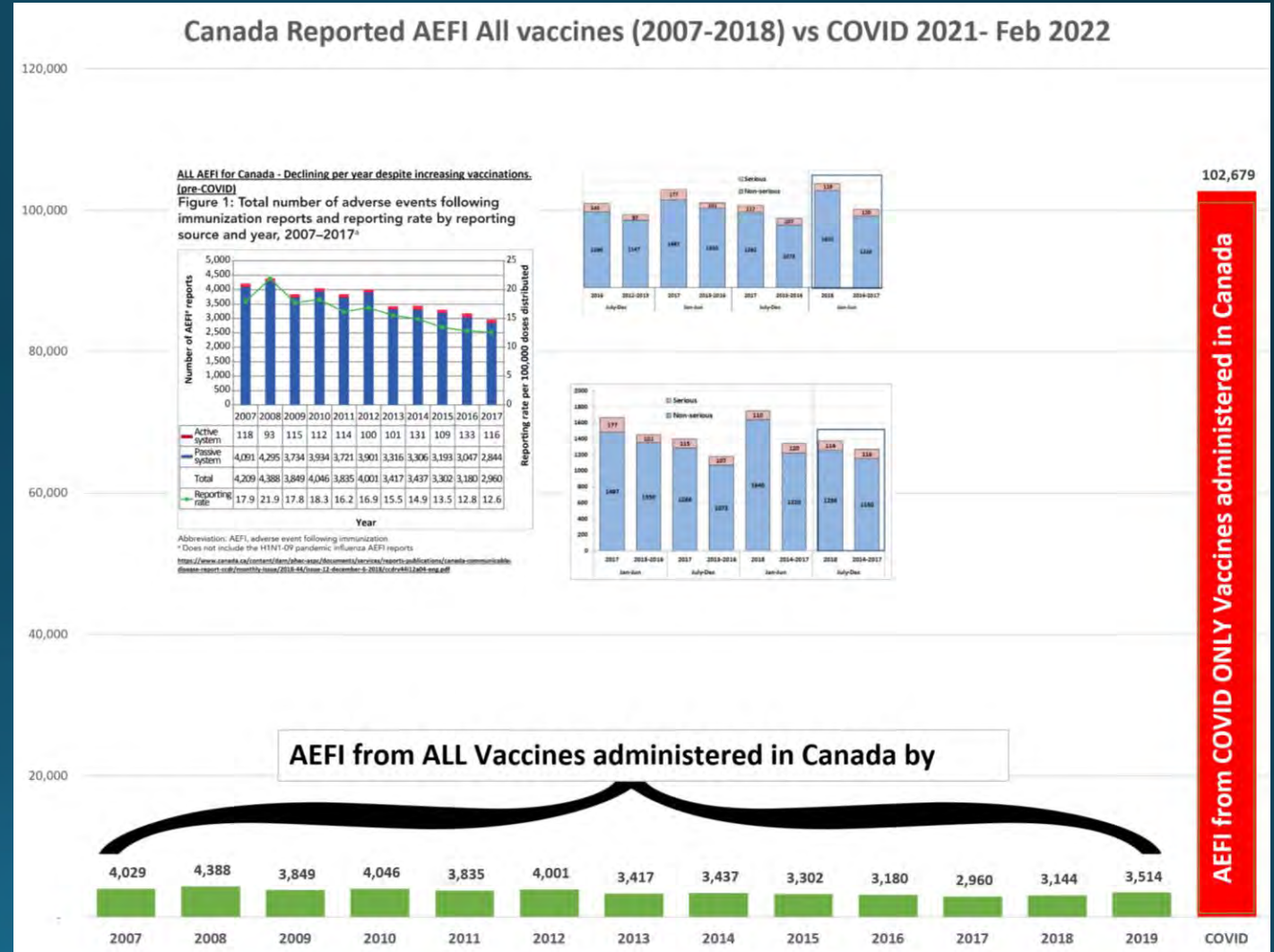
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<https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/adverse-events-following-immunization-bi-annual-report-january-1-june-30-2019.html>

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Pfizer Drop – New data or another distraction?

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QB Court Filing - Has the QB has picked its side in history

Currently being updated.

A walk throught the filing and result.
Who is left to fight when the Police, Healthcare, and Justice have picked a side?
the defenders of Truth and Justice have fallen.

Case files

[David Dickson Filing PDF Files](#)
[Crown Filing PDF Files](#)

Zipped files for download at bnottom of page.

<https://dksdata.com/CourtUpdate>

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Pfizer Drop – New data or another distraction?

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The screenshot shows the website for DKS DATA Consulting Group. The header features a mountain landscape with the text "A panoramic approach to Business Solutions for the long term." and a white wolf head logo. The navigation menu includes Home, COVID 19, Milgram Experiment 2020, Court Update, About us, and Contact us. The main content area is titled "David Dickson Court Files" and lists court file number 2103-14553, court of queens bench of Alberta, judicial district Edmonton, and the applicant David Thomas Dickson. It also lists the respondent as Her Majesty the Queen in Right of the Province of Alberta. Below this, there is a "Case files" section with links to "David Dickson Filing PDF Files" and "Crown Filing PDF Files". The "David Dickson Contents" section lists several tabs: Tab 00 Contents (1 page), Tab 01 Application (3 pages), Tab 02 Dickson Affidavit David Dickson October 2021 (12 pages), Tab 03 Exhibit A (David T. Dickson C.V.) (9 pages), Tab 04 Exhibit B (Mask Exemptions, Orders 22, 34, 40, 42, 43, 44, 45) (22 pages), Tab 05 Exhibit C (David T. Dickson Medical History) (2 pages), and Tab 06 Exhibit D (AEEI Alberta, Canada, UK, US) (6 pages).

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LIES, DAMNED LIES AND SADISTICS

WITH DAVID DICKSON

Pfizer Drop – New data or another distraction?

Episode 2 – Choosing Wisely

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15) Doctors are required by law to complete vaccine adverse impact assessments.¹⁰ This does not appear to be taking place in all incidences within Alberta. I am personally aware of several adverse event incidents where a doctor has refused and/or been unable to report an adverse event as a result of not having the information made available to them, which is required to complete the reporting. I am personally aware of cases where a doctor has not been able to report an adverse event due to not having the batch number of the vaccine. This is not available in many cases resulting in a significant underreporting of vaccine adverse events. Such underreporting results in an inability to provide fully informed consent. The requirement under the Alberta Public Health Act IMMUNIZATION REGULATION to report adverse events is as follows:

“5(1) A health practitioner shall ensure that an adverse event following immunization is reported to a regional health authority within 3 days of the health practitioner determining or being informed that a patient of the health practitioner has experienced an adverse event following immunization that has not been reported to a regional health authority.”

16) Despite this lack of thorough reporting, currently in Alberta we have seen a significant increase in severe Adverse Events Following Immunization (“AEFI”) related to COVID 19 vaccines specifically.

a) As of October 14th, 2021, “1,749 adverse events following immunization (AEFI) have been reported to Alberta Health.”. Of these, 1,102 have been associated with **Pfizer** specifically. Attached hereto and marked as Exhibit “D” is the Alberta Health Services publicly available chart for October 8th, 2021¹¹. Included in this exhibit are comparison reports from the UK Office of National Statistics¹²¹³ ¹⁴ ¹⁵ and the CDC Vaccine Adverse Effect Reporting System (VAERS) database¹⁶.

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19) In quotes directly from the NACI document published on November 19, 2021, and allegedly fully reviewed by the CMOH and the GOA ("Pfizer-biontech-10-mcg-children-5-11-years-age.pdf"²) [emphasis added].

"While it is not justified to vaccinate children only to benefit others, the indirect, population-level benefits of vaccination can also benefit children. The overall safety and effectiveness data are limited for children. While it is justifiable to make recommendations based on available data for children 5-11 years of age, including following the dosing intervals associated with the clinical trial data, the precautionary principle also justifies taking action under conditions of scientific uncertainty to mitigate vaccine-related risks, including through active post-market surveillance. This includes using data available from other age groups and applying vaccination principles. Generally, a vaccination program is justified if its anticipated benefits outweigh its potential risks. Children aged 5-11 years are unlikely to be deemed capable of consenting to vaccination, and decisions related to their vaccination will likely be made by parents or guardians. Given the short term uncertainties surrounding pediatric vaccination at this time, children and their parents or guardians should be supported and respected in their decisions regarding COVID-19 vaccinations for the child, whatever decisions they make, and should not be stigmatised for accepting, or not accepting, the vaccination offer."

"Any uncommon, rare, or very rare AE that occurs at the frequency less often than 1 in 1,000 would not be detected with this trial size. NACI will closely review emerging evidence and will update their recommendation, as well as its strength, as the evidence base evolves."

"Data from older age groups also suggests an extended interval may also be associated with a reduced risk of myocarditis/pericarditis following a second dose of an mRNA COVID-19 vaccine."

"Currently, the risk of myocarditis/pericarditis in children following immunization with the 10 mcg dose of the Pfizer-BioNTech vaccine is unknown."

"Real-world evidence in large pediatric populations is required to provide risk estimates of myocarditis/pericarditis and any other AE that may occur in children aged 5-11 years at a frequency less often than 1 in 1,000."

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20) Additionally, in a quote directly from the NACI document published on October 22, 2021, relating to all COVID vaccines, and allegedly fully reviewed by the CMOH and GOA ("recommendations-use-

¹ <https://www.albertahealthservices.ca/topics/Page17769.aspx>

² <https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines/pfizer-biontech-10-mcg-children-5-11-years-age/pfizer-biontech-10-mcg-children-5-11-years-age.pdf>

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covid-19-vaccines-en.pdf³). Note the constant reference to a lack of information on safety, effectiveness and efficacy, contrary to the statements by the GOA and CMOH [emphasis added].

"Evidence from clinical trial data is limited due to limitations in the size and duration of follow-up of trial populations. However, clinical trials and studies in the real-world setting are ongoing."

"Evidence of protection against asymptomatic SARS-CoV-2 infection is emerging for the mRNA and Janssen vaccines."

"There is currently limited evidence on the duration of protection and on the efficacy of these vaccines in reducing transmission of SARS-CoV-2..."

"There is currently minimal evidence to inform on differences in vaccine efficacy, effectiveness, or safety between individuals with and those without prior evidence of SARS-CoV-2 infection at the time of vaccination."

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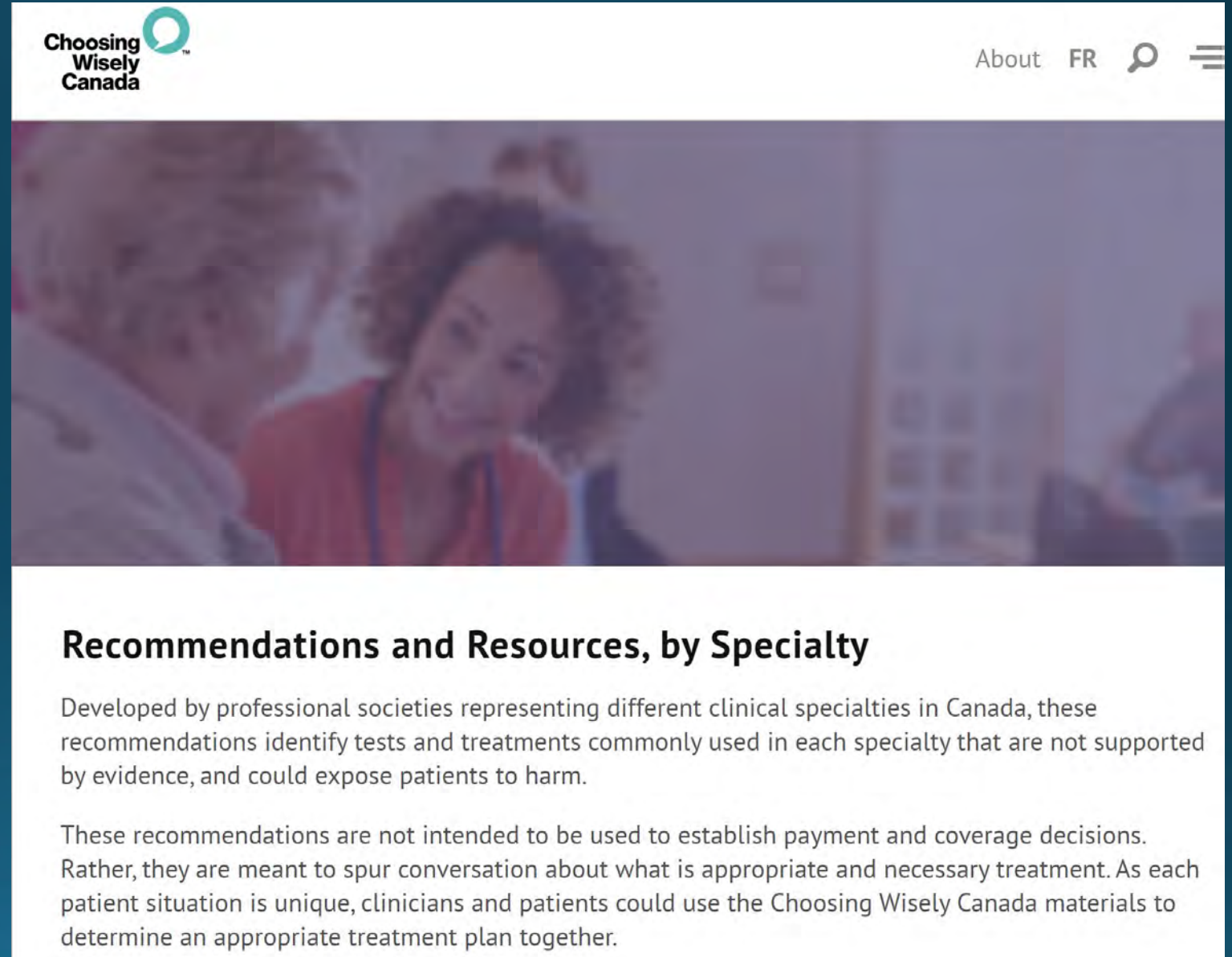
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Choosing Wisely Canada

About FR 🔍 ☰

Recommendations and Resources, by Specialty

Developed by professional societies representing different clinical specialties in Canada, these recommendations identify tests and treatments commonly used in each specialty that are not supported by evidence, and could expose patients to harm.

These recommendations are not intended to be used to establish payment and coverage decisions. Rather, they are meant to spur conversation about what is appropriate and necessary treatment. As each patient situation is unique, clinicians and patients could use the Choosing Wisely Canada materials to determine an appropriate treatment plan together.

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Critical Care

Five Things Clinicians and Patients Should Question

by

Canadian Critical Care Society

Canadian Association of Critical Care Nurses

Canadian Society of Respiratory Therapists

Last updated: June 2018



- 1 Don't start or continue life supporting interventions unless they are consistent with the patient's values and realistic goals of care.**

Patients and their families often value the avoidance of invasive or overly aggressive life-sustaining measures when they are at the end of life. However, many dying patients receive aggressive life-sustaining therapies, in part due to clinicians' failures to elicit patients' preferences and to provide recommendations.
- 2 Don't prolong mechanical ventilation by over-use of sedatives and bed rest.**

Maintaining critically ill patients in an immobile or minimally mobile state during care may potentiate muscle loss and deconditioning. Excessive and/or prolonged use of sedatives is associated with worse outcomes, including increased delirium, excessive use of diagnostic imaging for coma, increased number of tracheostomies, greater duration of mechanical ventilation and ICU length-of-stay.
- 3 Don't continue mechanical ventilation without a daily assessment for the patient's ability to breathe spontaneously.**

Screening for readiness for liberation from mechanical ventilation with spontaneous breathing trials allows clinicians earlier recognition of patients that may be liberated from mechanical ventilation.
- 4 Don't order routine chest radiographs for critically ill patients, except to answer a specific clinical question.**

Chest radiographs ("X-rays", CXRs) are not indicated for routine assessment of critically ill patients except when indicated for specific procedures (e.g., endotracheal tube, naso- or orogastric tube, central vein catheter, pulmonary artery catheter, or other procedure requiring verification after insertion), or to provide information for a specific question related to a change in patient's clinical condition, and if the information will likely impact a specific decision related to diagnosis or treatment.
- 5 Don't routinely transfuse red blood cells in hemodynamically stable ICU patients with a hemoglobin concentration greater than 70 g/l (a threshold of 80 g/L may be considered for patients undergoing cardiac or orthopedic surgery and those with active cardiovascular disease).**

Unnecessary transfusion of red blood cells (RBCs) is more harmful than helpful, and wastes a limited resource, which should be reserved for patients with proven indications. Transfusing RBCs at a threshold higher than 70 g/L does not improve survival in ICU patients, and is associated with more complications and higher costs. This has been extensively studied and a restrictive transfusion strategy results in similar or lower mortality compared with higher thresholds, and other complications, including stroke and infections, may also be reduced.

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We all want to assume the best of the worst and apply **Hanlon's Razor** "*never attribute to malice that which is adequately explained by stupidity*"

However, we really should apply (the misquoted) **Occam's Razor**

"the simplest explanation is usually the best one."

In which case, **Fred Clark's Law** applies.

"There's a certain point at which ignorance becomes malice - at which there is simply no way to become that ignorant except deliberately and maliciously."

Which leads us to the need for wisdom and accountability.

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In the present, if we lose our history, we will not have a future.

Data, when analysed, becomes INFORMATION.

When INFORMATION is shared, it becomes knowledge.

When knowledge is truly understood, it becomes *wisdom*.

When *wisdom* is shared, it becomes history to be shared and learnt from.

In the end, that is how we gain common sense.

Without all of these pieces, we will never grow... just continue to repeat our mistakes in a never-ending cycle.

~David Dickson

Age group	ADPH (by administrative district)	State level (100,000)	Rate (per 100,000)	Total cases
0-14	0.000	0.000	0.000	0
15-19	0.000	0.000	0.000	0
20-24	0.000	0.000	0.000	0
25-29	0.000	0.000	0.000	0
30-34	0.000	0.000	0.000	0
35-39	0.000	0.000	0.000	0
40-44	0.000	0.000	0.000	0
45-49	0.000	0.000	0.000	0
50-54	0.000	0.000	0.000	0
55-59	0.000	0.000	0.000	0
60-64	0.000	0.000	0.000	0
65-69	0.000	0.000	0.000	0
70-74	0.000	0.000	0.000	0
75-79	0.000	0.000	0.000	0
80-84	0.000	0.000	0.000	0
85-89	0.000	0.000	0.000	0
90-94	0.000	0.000	0.000	0
95-99	0.000	0.000	0.000	0
100+	0.000	0.000	0.000	0
Unspecified	0.000	0.000	0.000	0
Total	0.000	0.000	0.000	0

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What Next...

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