

# Toxic Mask Inanity.

## *If You Must Mask, Mask Like a Pro\**

*Joseph Bernstein, MD, FACS*

There are no conclusive studies showing that masks prevent the spread of COVID. Instead, the effectiveness of mask-wearing has been presented as self-evident truth.

One common argument is, "but surgeons wear masks!" The logic of this comparison is not entirely clear. Surgeons do lots of things, many not worthy of emulation in day to day life.

Still, if you are going to wear a mask because surgeons do, you should wear them as surgeons wear them. And that's not happening.

My colleagues in surgery change their masks frequently throughout the day. By contrast, I've seen masks on people out in public that look like they've been worn by a coal miner for a month. We also stick to hospital-issued stock. Cloth masks and bandanas don't cut it among professional cutters.

Surgeons likewise make sure their masks fit well. As a student, I was once harshly invited to leave an operating room because my mask was slipping down my nose. I would not hesitate to guide my own students like that today (minus

the expletives and epithets, of course). Some mask-wearers today seem to prioritize covering the chin.

Surgeons recognize the limited powers of surgical masks too. Like the helmets worn by British policemen, a surgical mask is mostly ornamental, worn to respect tradition, and not relied upon for much protection. Thus, when caring for a patient with a COVID infection, we wear special N-95 masks and eye guards too. By the same token, when the main concern is transmitting an infection to the patient (for example, joint replacement procedures), many surgeons wear spacesuits with an exhaust system.

Wearing a mask outside is just silly. The continuous flow of fresh air disperses viral particles far better than a mask can filter them. Surgeons don't wear masks outside, even if hospitals were to permit *surgery al fresco*.

Although surgeons typically operate wearing two pair of gloves at once, there is no tradition of wearing one mask on top of another. (At least not intentionally: if you see a surgeon with a double mask, assume he or she is very sleep-deprived and put on a new mask without remembering to remove the previous one.)

Surgeons know when to remove their masks for practical reasons. During physically strenuous procedures, taking mask-free breathing breaks is essential. Sweaty masks don't work well— and neither do I, when I've been breathing my

own CO<sub>2</sub> for too long. If you can tolerate a mask for hours at a stretch, you can be sure it's porous or ill-fitting.

In more normal times, I have taken my mask off before chatting with a patient's family in the waiting room, as I cannot communicate meaningfully with my facial expressions obscured. (And many people, myself included, compensate for aging ears with the basic lip reading that is blocked by masks as well.)

Competent surgeons also avoid blanket statements like 'masks work.' Effectiveness always depends on context: the costs, and benefits relative to alternatives, including doing nothing.

In some sense, amputation can be said to "work" as treatment for a leg fracture. Indeed, amputation is the treatment of choice when the leg is mangled beyond repair. But the surgeon who treats all broken legs with amputation because "it works" belongs in a cell, padded or prison, take your pick.

In short, if you want to wear a mask because that's what surgeons do, do it right. On the other hand, if you want to wear a mask just to signal your moral excellence, you probably should up your game as well. When those genuinely trying to protect other people begin to copy surgeons correctly, poseurs will be more readily exposed.

---

\* This essay was written on 9/7/2021 and submitted without success to the OpEd section of 4 newspapers.