

**SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee  
(the Committee)**  
(Information is available about the complaints process [here](#) and about the Committee [here](#))

**Dr. Kulvinder Kaur Gill (CPSO #84436)  
(the Respondent)**

## **INTRODUCTION**

In June 2020, the College received several reports from the public about a comment on Twitter (tweet) the Respondent posted on June 24, 2020, about COVID-19. In early August 2020, the College received multiple complaints and additional reports about tweets the Respondent posted. Subsequently, the Committee approved the Registrar's appointment of investigators to conduct a broad review of the Respondent's practice.

## **COMMITTEE'S DECISION**

A General Panel of the Committee considered this matter at its meeting of February 3, 2021. The Committee required the Respondent to appear before it to be cautioned in person with respect to lack of professionalism and failure to exercise caution in her posts on social media, which is irresponsible behaviour for a member of the profession and presents a possible risk to public health.

## **COMMITTEE'S ANALYSIS**

The Committee considered the Respondent's tweets from the account "Kulvinder Kaur MD @dockaurG" and had concerns about the following posts:

- "There is absolutely no medical or scientific reason for this prolonged, harmful and illogical lockdown." The Committee found this tweet inappropriate and unprofessional for the following reasons:
  - The Committee accepts that there is a range of views about the effectiveness of using provincial lockdown as a means of controlling the spread of COVID-19. The Committee has no interest in shutting down free speech or in preventing physicians from expressing criticism of public health policy. It is valid to point out that there are drawbacks to lockdown. It is also valid to question whether the benefits outweigh the negative aspects or whether the measure is working as expected in Ontario.
  - The Respondent did not raise these points in her tweet, however. She stated unequivocally and without providing any evidence that there is no medical or scientific reason for the lockdown. Her statement does not align with the information coming from public health, and moreover, it is

not accurate. The lockdowns in China and South Korea provide evidence that lockdowns can and did work in reducing the spread of COVID-19. For the Respondent to state otherwise is misinformed and misleading and furthermore an irresponsible statement to make on social media during a pandemic.

- “If you have not yet figured out that we don’t need a vaccine, you are not paying attention.” The Committee considered this tweet to be inappropriate. Specifically:
  - Health Canada has tested vaccines in accordance with national standards and approved several vaccines for use in this country. In the current circumstances, a safe, tested vaccine is the ideal solution to protecting the population and bringing about the end of the pandemic with the lowest possible number of deaths.
  - While it is possible for a return to “normal life” without vaccinating the public, this is a high-risk strategy and one that could potentially take years to achieve. In the absence of a vaccine, complete eradication of the virus from the human population as occurred with SARS (by now an unlikely outcome for the widespread COVID-19 pandemic) or herd immunity are the only non-medical defences against COVID-19. Pursuing a policy of building up herd immunity to COVID-19 would involve a significant death rate among vulnerable patient populations and put sustained and continuing pressure on the healthcare system for an unforeseen amount of time.
  - The Respondent did not provide any evidence to support her statement indicating that a vaccine is not necessary. It would be expected and understandable if a certain proportion of the general public who read this statement decided to decline the vaccine with the assurance that they were acting on the guidance of a physician. For this reason, the Committee considers it irresponsible, and a potential risk to public health, for the Respondent to have made this statement on social media in the middle of the pandemic.
- “Contact tracing, testing and isolation.. is ineffective, naïve & counter-productive against COVID-19.. and by definition, against any pandemic”. The Committee found this tweet concerning, as follows:

- The Respondent indicated that she did not author this tweet but retweeted someone else's post. There is no difference between the two actions, as posting an original tweet and retweeting both indicate an endorsement of the information. The responsibility of physicians to use social media appropriately applies equally in either context.
- Testing, contact tracing and isolation are the core components of federal and provincial efforts to flatten the curve of infection and thereby reduce deaths from COVID-19. For these efforts to be successful, it is essential that members of the public recognize their own responsibility to protect themselves and others by adhering to public health restrictions and recommendations.
- The Respondent's retweeted message does not align with the official public health message the public has been receiving with regard to contact tracing, testing and isolation. It is valid to debate and question whether these efforts have been sufficiently effective; however, for the Respondent to undermine the public health message by declaring without evidence that these measures are counter-productive, which is to say that they have the opposite of the desired effect, seemed indefensible to the Committee.
- The Respondent's Twitter account clearly identifies her as a physician. The Committee would expect a certain proportion of the non-medically trained public who read this post to subsequently decide not to follow government and public health rules and recommendations regarding contact tracing, testing and isolation. This could have significant negative consequences for public health. The Respondent's comments in this regard are irresponsible and careless in the current context and climate.

The Respondent claimed that her tweets were taken out of context; however, tweets by their very nature have minimal context. Tweets are limited in character length, and Twitter users can like or retweet a tweet without having to look back through the poster's previous posts to understand the context or the poster's perspective on issues.

The Committee did not accept the Respondent's position that her tweets come from a personal Twitter account that has no affiliation with her practice. The Respondent's Twitter biography makes it very clear that she is a physician and also identifies her as the leader of a group of physicians, Concerned Ontario Doctors. The Respondent's tweets are accessible by the public. Moreover, members of the public who are not healthcare professionals are likely to attribute significant weight and authority to the

Respondent's tweets, given her profession. Non-medically trained members of the public would likely have difficulty determining the scientific and medical validity of the Respondent's tweets.

On the basis of the above, the Committee decided that it would be appropriate to caution the Respondent in this matter.