The UK Pandemic Ethics Accelerator brings UK ethics research expertise to bear on the multiple, ongoing ethical challenges arising during pandemics. We provide rapid evidence, guidance and critical analysis to decision-makers across science, medicine, government and public health.

We are a partnership between the Universities of Oxford, Bristol and Edinburgh, University College London, and the Nuffield Council on Bioethics (PI: Professor Ilina Singh, University of Oxford).

The Ethics Accelerator receives core funding from the Arts and Humanities Research Council as part of UKRI’s covid-19 funding.
KEY POINTS

There are ethical dimensions to all of the big decisions that were made during the pandemic – from who should receive treatments or vaccines and when, to how to respond to the different ways in which the pandemic affected different people.

Acknowledging, actively navigating, and engaging the public in ethical tensions would contribute to building public values into pandemic recovery and preparedness.

It is crucial that decision-makers use trustworthy processes to navigate ethical dimensions. We have research and reasoning tools available and can support decision-makers in using them.

To address the unfair impact of the pandemic and deepened inequalities, we need to consider communication, demonstrate solidarity, and use ethical frameworks as a mechanism to address these complex and entrenched issues.

To build trust, transparency alone will not suffice, it is important to share justifications that align with public expectations.

"This was a highly engaged and intense meeting which filled us with a sense of shared purpose to create a decision-making ecosystem that has ethics at the centre. Ethics needs to be the beating heart of pandemic resilience and recovery, powering progress in science, public health and public policy." Professor Ilina Singh

WHAT NEEDS TO HAPPEN

The UK Pandemic Ethics Accelerator would like to see a commitment to:

- Grappling with ethical questions in plain sight
- Developing and drawing on ethical frameworks and expertise to support decision making
- Plans to engage the public in work to support ethical decision making
- Action to develop mechanisms for engaging with people whose voices are seldom heard

To support this work we can:

- Share tools to help balance different arguments and explore how best to approach ethically-complex decisions and challenges in fast-changing circumstances
- Support those who want to reflect on, and learn from, the Covid-19 pandemic
- Support decision-making linked to the ongoing impact of the pandemic
- Help build capacity to navigate complex ethical issues to build resilience against future crises
- Engage in work to ensure that ethics and equity are at the heart of decision-making about health policy

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Decision-making during a pandemic is essentially ethical – individuals, communities and governments are forced to make multiple complex ethical judgements at speed. By not being explicit about the ethical questions raised we miss opportunities to:

- Respectfully explore the underlying biases and values that inform people’s sense of the right thing to do, and how these differ
- Use tried and tested ways of engaging the public in considering ethical questions, deliberating transparently and of building trust in decision making processes

We want to collaboratively develop an open channel of communication and proactive infrastructure to enable ethics experts to work alongside policy makers to:

- Grapple with ethical questions in plain sight
- Use ethical frameworks and expertise to support decision making

Professor Ilina Singh, Professor of Neuroscience & Society in the Department of Psychiatry and Co-Director of the Wellcome Centre for Ethics & Humanities at the University of Oxford | llina.singh@psych.ox.ac.uk outlined the rationale for, and remit of, the UK Pandemic Ethics Accelerator:

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Professor Sarah Cunningham Burley, Professor of Medical and Family Sociology and Co-Director of the Wellcome-supported Centre for Biomedicine, Self and Society, University of Edinburgh | sarah.c.burley@ed.ac.uk considered what the public think is fair public policy?

Public dialogues are one way to bring a wider range of people and their diverse expertise into informed deliberations with each other and with those with specialist expertise. The Pandemic Ethics Public Dialogue aimed to identify and explore the priority issues for the public raised by Covid-19, Covid-19 recovery and future pandemics and to identify the key ethical values that underpinned the discussions. Participants raised topics of interest and concern ahead of the first of three workshops that comprised the dialogue. Social divisions, economic and employment issues were among the issues raised. Participants discussed how society could achieve the protection needed without causing financial strain or depleting emotional wellbeing. Participants placed a priority on respect, tolerance and solidarity. This demanded a need for equity of access to healthcare, education, employment and a sense of safety – in the end to have a society that is fair, resilient, equitable and able to withstand the shocks of a pandemic. Fairness was an important concept that ran through the dialogues.

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We cannot level up health opportunities and outcomes without addressing ‘the causes of the causes’ of health disparities: for example, the conditions in which we live, work, socialise.

Improved health cannot be achieved by individuals acting alone: social policy needs to account for this, in particular where health disparities intersect across multiple characteristics that lead to exclusion or disadvantage: for example, disability, ethnicity, gender.

In developing and implementing policy, more needs to be done to identify and meaningfully hear the voices of different disadvantaged groups.

Dr Beth Wangari Kamunge-Kpodo, Fellow of the Royal Society of Public Health. Senior Research Assistant, Centre for Health, Law, and Society, University of Bristol Law School | beth.kamunge@bristol.ac.uk considered how public policy can facilitate equality

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Dr Shona Arora, Interim Director of Health Equity and Clinical Governance, UK Health Security Agency (UKHSA) | shona.arora@phe.gov.uk explored achieving health equity through the UK Health Security Agency (UKHSA)

Vulnerable, marginalised, and socioeconomically deprived population groups are disproportionately impacted by external health threats. Covid-19 also exposed and exacerbated underlying health inequalities across society. Furthermore, these communities and populations were disproportionately impacted by policies aimed at limiting disease spread. The syndemic nature of Covid-19 highlighted the need to consider social determinants of health. UKHSA therefore needs to work as part of wider government and health systems as part of its vision to improve health security for the whole population. A people-centred perspective is key to tackling health emergencies and needs to be built into planning and preparedness e.g. accessible services and innovative communication messaging. Co-production is essential in designing and delivering appropriate intervention and emergency response with many communities.
Values drive behaviour and policy. In pandemics, where both guidance and adherence to guidance are critical, it is important to carefully consider and include public values in policy.

**Fairness**
The public dialogue evidenced a call for a society that is fair, resilient, equitable and able to withstand the shocks of a pandemic.

Even as we move from a pandemic to an endemic phase the importance of considering the unfair impact of Covid-19 remains. This is still a key concern for the public concern and should be addressed in pandemic recovery.

The devolved nations can learn from each other and share good practice for future pandemics.

**Equality**
The pandemic exacerbated inequalities that existed prior to Covid-19. We need to take an intersectional approach to address the underlying causes. Ethical frameworks can provide a mechanism to address these complex and entrenched issues.

Robust communication channels with diverse communities and across intersections are needed to ensure support reaches those disproportionately affected.

Trust in public health officials can be damaged where communities perceive failures to address known health inequities.

We need to use data to identify those disproportionately affected by the pandemic and conduct public engagement to co-create effective support.

It’s best to be honest with the public about what we do and don’t know.

Preparedness in itself is not enough - the UK was prepared for a pandemic in some ways, but the long-standing failure to address intersectional inequalities prior to the pandemic meant that unfair outcomes were inevitable.

MPs reported that perceptions of different parts of the country being treated differently in terms of both restrictions and support available exacerbated gaps in trust.
Developing a trusted governance model for future pandemics. This could draw on lessons learned and would benefit from increased public involvement. Differing guidance across the devolved nations heightened awareness of how things could be done differently, including with more consistency and information. Collaboration was seen as important for creating just societal protections. This includes with diverse communities and deploying trust and transparency in the process.

Transparent communications and processes for collaboration would help build trust, revealing how policies are formulated and encouraging engagement. Trust was affected by contrasts between how and what politicians and officials were communicating to the public and how they behaved.

Public engagement should form part of policy and decision-making processes. Warranted mistrust of government can be a good thing. It is more important to focus on promoting trustworthiness than promoting public trust.

For individuals in government: trustworthiness is about being competent and having appropriate motivational states in relation to their duties.

For Government as an institution: trustworthiness is about being properly reason-responsive, following correct procedures, accountability, and openness.

Encouraging transparency is important: but not to untrustworthy processes or when the public has a false ‘folk theory’ of how decisions are being made.

Key solution: engage the public in discussing and deliberating on public policy questions. This is particularly important for marginalised communities.
Simon Burall, Senior Associate, Involve | simon@involve.org.uk discussed public engagement in emergencies

When thinking about the involvement component of trustworthiness, it is vital to be clear about the purpose: What value will the public bring to your decision? and how are you going to integrate what you hear into your decision-making process in an open and timely manner? This is difficult to do in the middle of a pandemic when information is incomplete, people are frightened and the stakes are high. It is even more difficult if engagement hasn't been happening up until the pandemic and you don't already have trustworthy decision-making structures. Governments need to engage early and often. Impactful engagement in the development of the next pandemic plan will help build the foundations for meaningful, sustained and ongoing engagement before any future health emergency.

Professor Dame Theresa Marteau, Psychologist and Behavioural Scientist. Director of the Behaviour and Health Research Unit, Department of Public Health and Primary Care, University of Cambridge. Participant in SAGE | tm388@cam.ac.uk explored strengthening trust in science and public policy during a pandemic

- Citizens’ trust in governments and science is gained and maintained by politicians and scientists behaving in trustworthy ways.
- Drivers of trust in governments include governments acting responsively, reliably, with integrity, openly and fairly.
- Higher trust in governments during the Covid-19 pandemic was associated with lower infection rates and higher vaccination coverage.
- Trust in scientific advice is fostered by scientists communicating in ways that aim to inform (not persuade), describing both the uncertainty and quality of the evidence, simply put:
  - Say what you know
  - Say what you don’t know
  - Say what you are doing to find out
  - Say what people should do in the meantime to stay on the safe side
  - Say the advice will likely change
- Communicating scientific advice with clarity, competence and warmth enhances understanding, engagement, trust and action in line with advice.


Organisation for Economic Co-operation and Development (OECD)

The public expressed a lack of trust in the policy-making process and called for more transparency. The public related trustworthiness to the robustness and transparency of the policy, and viewed communities and collaboration as key mechanisms to build this.

**Trust**

Warranted mistrust in government is an important tool for political change.

Public trust is related to giving reasons for responding in particular ways and having procedures that are consistent with reasonable expectations.

To build trust, it was argued that guidance should accompanied with a robust justification by policymakers. This justification should carefully and explicitly consider the issues of persuasion and coercion.

There is a public perception that politicians do not always act in the best interest of the public so transparency is needed. Politicians should also be honest about mistakes to build trust.

**Transparency**

Transparency alone won’t increase trust if people are given a false sense about how decisions have been made, e.g. ‘following the science’ is a specious claim.

Participatory approaches can help to dispel illusion.

A strong infracturacure of public engagement and deliberation needs to be more readily built into policymaking.

Engagement infrastructure should be built now to ensure policy on pandemic recovery is effective and heals divisions perpetuated by the pandemic.

Public engagement should specifically include young people as they had to sacrifice their freedom and opportunities to protect others during the pandemic.