Going Viral: What Would an Ethical Pandemic Look Like?

MH [00:00:00] Hello and welcome to Going Viral, the podcast all about pandemics. I'm Mark Honigsbaum (MH), a medical historian and science writer. And today, I'm joined in the studio by three very special guests to discuss ethics in the pandemic. Today, we'll be looking to the future and asking, should ethics play a more central role in our response to the pandemic next time? As sure as night follows day, there will be another pandemic. So, to discuss these issues, I'm joined by Ilina Singh (IS), professor of neuroscience and society and the co-director of the Wellcome Trust Centre for Ethics and Humanities at the University of Oxford. Ilina was the principal investigator on the UK Pandemic Ethics Accelerator, which is a collaborative project that brought together UK ethics research expertise to bear on the multiple ongoing ethical challenges presented by COVID 19. I'm also joined by James Wilson (JW), Professor of Philosophy and co-director of the Health Humanities Centre at University College London, and James is a co-investigator on the UK Pandemic Ethics Accelerator. And I'm also joined by John Prideaux (JP), the US editor at The Economist. So, Ilina I want to start by asking you about your work in the UK Pandemic Ethics Accelerator, what it was and why you set it up.

IS [00:01:20] What happened initially was that the UK ethics community was very clear that this was a massive ethical set of challenges, and the unique part of that was twofold really. One was that decisions were being made about people's lives and health and deaths at a rate never before, that we hadn't experienced before in our lifetimes. And second, this was what this was done really, I mean, in part because it had to be done this way, but also in part because we didn't have an existing infrastructure for transparency. And so things were coming from government about decisions and we we didn't know how they were happening. And I think the third element was that unusually, we were all not just decision makers, but we were also personally, in our daily lives, being affected by this. And so the ethics community understood that there was no objectivity here unless it was going to be brought by a set of professionals who thought about ethics from a more distant point of view.

MH [00:02:27] So we were following the science, but nobody was saying which ethical principles we should be following.

IS [00:02:33] Yes, we were following the science, which of course is an ethical position, and we weren't talking about how we came to that decision and what the consequences would be. And we weren't also aware, in a kind of public way, that this wasn't the only approach possible and that different approaches derive from different ethical positions and lead, have different consequences for a range of people. And so to, to answer your question specifically, the idea that that I had, and we had these terrific colleagues from around the country who agreed, was that we would put together essentially a collaborative effort to harness the really distinctive and unique expertise that the UK has in ethics and, and engage our colleagues in trying to bring to bear that ethical expertise on the daily decisions that were arising during the pandemic.

MH [00:03:31] Was this motivated by your fear that the government wasn't taking ethics nearly seriously enough. I mean, do you think they did take ethics seriously during the pandemic?

IS [00:03:40] I can't say whether anyone took ethics seriously. What I can say is that it was not apparent that ethics was playing a major part in decision making in a transparent way. And because of that, it seems to me fair to say that the, the result of that is that the public

lost trust in government decision making, and particularly those areas of the public where there are existing health inequalities, where we really, really needed to build trust in order to get advice and guidance to be followed. And, and so I think it had some very severe consequences.

MH [00:04:15] We discussed during previous episodes how different countries responded differently. So countries like Hong Kong, South Korea and New Zealand very much prioritised the protection of public health, which meant they were willing to impose lockdowns earlier and more border restrictions. So, we saw these different approaches. Do you think we saw this in relation to ethical issues too, when we look internationally?

IS [00:04:38] Yeah, you can see different ethical approaches being taken. I mean, one example is the way that Germany thought about ventilators and prioritisation. And we've we've written about this, that if you take an egalitarian view, then you don't have a system of prioritisation for ventilators. So you have, again, you have different outcomes. So these kinds of ethical approaches did vary. So you don't have to go to, for example, you know, the Global South to see different kinds of ethical decisions being made. But they happened in our, you know, among our neighbours as well.

MH [00:05:12] So. James, what is your sense of this? I mean, from your perspective, as someone who's worked closely with policymakers, do you think that these these ethical issues and questions were at the forefront of government decision making?

JW [00:05:24] I think it's not at all plausible to think that ethical issues were at the forefront of government decision making. I think there's quite a disconnect between even the existing ethics work that had gone on and what happened later. So in fact, there was a pre-existing pandemic ethics influenza framework which were being worked up as part of the pandemic planning. But the government never actually referred to that framework in the course of the pandemic. And moreover, there's a body that they convened called the Moral and Ethical Advisory Group (people often refer to it as MEAG) which was brought together a small number of professional ethicists with a large number of people from different faith communities. And one of the things that MEAG did when it was first convened during the pandemic was to say, well, can we adopt these principles of the pandemic influenza? And would you like us to think about how to adapt them to the present circumstances so you can have an ethics framework for this pandemic? And oddly enough, and it's minuted in the minutes, the chief medical officer, Chris Whitty, effectively said, "Well, no, we don't think that would be a useful use of your time," which I found fascinating and, and interesting, and that you'd really struggle to find any ministers or the Prime Minister themselves referring to any sort of ethical discussions, any ethical principles in the course of the way they talked about, for example, lockdown or other major decisions taken during the pandemic. So there's definitely a disconnect between the government's existing policy framework, the kind of expertise that was available both internally and externally, and how they describe their decision making.

MH [00:06:55] Correct me if I'm wrong, but Chris Whitty did want MEAG to look at something quite specific and it was an ethical question, wasn't it? It was around who might get access to ventilators should there be pressure on the NHS. Was that what he was trying to confine those discussions to?

JW [00:07:08] I think he may have had in mind the idea that they were very pressing and specific questions that he wanted MEAG to answer. And certainly if so, it was not an unreasonable decision. But I think it's striking that, as it were, that we went through a

whole pandemic without the government apparently using the ethics framework which had been designed for that very purpose.

MH [00:07:27] Yeah, No, I think what I'm struck listening to when I think of the early days is in a lot of these debates were taking side outside government. Actually the newspapers and the journals with these debates about is that ethical to lock down? What about the impacts, long term health and everything else? If I can, I wanted to turn to you, John, as someone who works for The Economist, do you think that ethics was something that was being discussed in print or online?

JP [00:07:53] Yeah, I think so. So my experience as a journalist during the pandemic was covering America. So I can bring a bit of a comparative perspective. But The Economist also obviously covers the whole world. So we were looking at Britain a bit through a comparative lens. I think early on, one of the difficulties with bringing ethics into this was it wasn't that clear what principles we were trading off against each other because as Ilina says, it was followed the science the science was a bit uncertain. But then quite quickly it felt to me, at least at The Economist and I think in other places there was a realisation that there was a very clear trade-off here between saving lives, not doing too much damage to the economy, making sure that as many children stayed in school as possible and lots of different countries traded off those ethical, you know, goods in in different ways. Britain chose a particular trade off, but it was not the one that other countries made. America, which, as I say, I spent my time covering, made a very different set of choices. And actually, it was interesting that to see what a pandemic looks like in the absence of a top-down approach and it wasn't necessarily very pretty. I'm, I'm intrigued listening to you guys about the ethics panel in the UK. I mean, do you think a panel of ethicists would have agreed or do you think you would have got you know, if you have eight different ethicists, you would have got eight different views about how how practical a suggestion that is, or whether you actually just need to appoint a kind of Chris Whitty, a chief ethicist, who then just rules on what the ethical course is and then people follow that.

MH [00:09:22] Ilina – ethics czar?

JP [00:09:24] I mean, I would have voted for Ilina, obviously, or James.

IS [00:09:27] We have an ethics adviser in the government, as I understand it, or we did, but I don't think that person has expertise necessarily in ethics. So we faced this in the Ethics Accelerator. We actually were a collection of people who were some of them philosophers, some of them bioethicists and some social scientists. And not everyone agreed. In fact, there were some people who had some pretty significant disagreements with the approaches that colleagues took. So, we decided that we would not speak as a unified voice and that, in fact, it was important for people to understand that ethics doesn't mean consensus. Ethics means that you put your arguments on the table in such a way that people can assess them, they can judge their coherence, they can think about their agreements and their disagreements. And, you know, the other thing is I always tell my friends, every child should study philosophy because it's one of the few disciplines where you have to also take seriously the objections to your argument. You're not allowed to just say what you say and do what you want to do. So that's what good ethics is. And I would have thought that, in a, in a perfect world, that's what a MEAG would do.

MH [00:10:37] Can I ask you very quickly, John, because you worked for The Economist as a columnist is excellent publication but is very much invested the neo-liberal economic

model, I think it would be fair to say. Isn't this precisely what was on the table around these ethical debates about lockdowns of the economy?

JP [00:10:55] I mean, I think the economists probably moved a bit away from the sort of neo-liberalism of the early 2000s, but just put that to one side for the moment. I mean, we were just considering trade-offs. It was very clear that there was a trade-off actually, I thought - and I think our editorial pages thought - Britain didn't do a terrible job, certainly compared with the U.S., which went for much more a state by state approach, and many states with Republican governors just took the decision to let the virus rip. And as a result, the pandemic in America killed a lot more people than it needed to. And you ended up with, I think, you know, the worst of all possible worlds in a way whereby, you know, in many states like New York, California, you had businesses open and schools closed. And as a result of that, you've had a huge problem with learning loss. So, yeah, you're right in that this went to a core question of political ethics philosophy, you know, how much control do you want to give the government, central government, in any given situation? I think the pandemic was pretty good evidence for the idea that a certain degree of centralisation can be quite helpful. What I thought it also revealed about the UK, which was interesting to me, just as a sort of amateur sociologist, is the degree to which we're a kind of rule-following society compared with the US. I mean the in the US there was just a lot of rule-breaking and it was an interesting test. People have been talking about whether American society is pulling apart for a long time. James just made a good point that the ethical decisions that individuals had to make were really how much they prepared to sacrifice for not just for my neighbour, but for somebody I've never met and don't know, and am I prepared to restrict my own activities and my own freedom in order to reduce the risk of them getting ill? And it seems to me that in the UK, perhaps because of this rather top- down approach from the government, the answer to that was broadly yes in America, or at least large parts of America, which I was covering at the time, the answer was often no. So that was interesting to observe as well.

MH [00:12:59] Ilina, can I ask you, I was listening to John describing the situation in America. I thought back to the initial days of the pandemic and where we were told that we were going to allow the virus to spread. So it was never explicit, they didn't use the phrase herd immunity strategy. It became quickly apparent that that's what it was. And of course, most of this was framed in scientific terms that this would be people get respiratory viruses every year, the population has to build up immunity, so do you think ethics should have been more central? What should have been the ethical question in their approach to that?

IS [00:13:30] Well, I think the with any of these policies, there are ethics behind the particular kind of policy that you adopt. And so a herd immunity policy, for example, not shutting down, letting the virus rip, as John says, will have consequences and that will affect the most vulnerable in society.

MH [00:13:51] Yeah, I mean, a very basic question. Is it ethical to allow people to be infected with the virus? You don't know how the mortality rate of the virus, how ill people get. I mean, what is ethical about that?

IS [00:14:02] Well, the ethics is that you're choosing who will die versus who will live. And so the implication is that you're valuing certain lives more than others. And you're asking people in their own individual choices to adopt those preferences, even though as we've been talking about, they weren't transparent. And so people don't know what values they're following when they're following the rules. And so it's actually a very good example that if you then decide, well, I'm going to follow whatever the government advice is, and

part of the government's value is, well, we're going to let certain people die because we value certain lives over others, then that means that I am blind to those values that I'm now embodying in my actions.

MH [00:14:48] But also, as I recall, when we were told that this was going to be the strategy, I don't recall any discussion about some members of society, some communities facing greater risk of exposure or catching this virus as far as the other groups – that never seem to never be part of the conversation.

IS [00:15:03] Well, health inequalities and health injustice is a is a blind spot. We don't see it. We don't talk about it and we don't address it at the government level, but also, frankly, at the community level until we're actually pressed to do that. So we can see it now with the allocation of resources still in times of scarcity. The implication is, again, that the care for the most vulnerable is something that is, unfortunately, not a priority.

MH [00:15:38] James, you worked on the government's contact tracing app. There was a group set up to provide ethical advice to develop this bespoke app. This is in the early days when they trialled it on the Isle of Wight. Can you tell us a little bit about your experience then and what conclusions you drew from it?

JW [00:15:53] For several years I've been part of the advisory group to the National Data Guardian, and the National Data Guardian was asked to provide ethics and governance input to the NHS COVID contact tracing app as it was being developed. It was an interesting and extremely intense experience. Basically, the National Data Guardian was approached sometime towards the end of March 2020, at about the time when the lockdown had first started. At the time, the UK had very little capacity for actually controlling the virus, but we had very little by way of testing capacity, the test and trace system had not been built and so somebody very high up in government, I believe it may have been Matt Hancock and his team, had formed a thought that the heart of getting out of lockdown, the heart of the pandemic response would be this app that was being built. So it was extraordinarily high stakes, and there'd been some evidence of some attempts to build something very similar in one or two other countries like Singapore, also Hong Kong. And the thought was that if you could persuade nearly all of the adult population to download an app onto their phone, which would detect how close their phone was to other phones, then you'd have some kind of indication of how close that person had been to other people. And then if you could then also persuade people to put their symptoms into the app whenever they felt symptoms that were like coronavirus, because remember, at this particular moment we had no, or virtually no, access to testing so that the whole app was going to be driven by people putting in their own symptoms and that we were fully aware at the time that people's judgements about whether or not they had coronavirus symptoms were likely to be somewhat inaccurate because the symptoms described by the government were somewhat similar between colds and flus and coronavirus. So the structure they built was to say that we're going to get ourselves out of lockdown by persuading everyone to download an app, put their symptoms into it, and then if the app through the central processing, the data, detects that you've been close enough for long enough to someone else who's put in symptoms into the app, then you'll receive an alert telling you to self-isolate. And this for a few weeks was the heart of the government strategy for getting us out of lockdown. Now, it was an utterly crazy strategy. Everybody on the Ethics Advisory Board knew that from the beginning, but the Ethics Advisory Board had been convened to answer a very narrow set of questions about the ethics of the app.

MH [00:18:19] Why was it so crazy, in your opinion?

JW [00:18:21] First of all, the strategy was completely different from that recommended by the World Health Organization. The World Health Organization recommended what had always been standard public health for dealing with novel infectious diseases, which is focused on contact tracing manually, then, self-isolation. Whereas the UK didn't have any testing capacity, at that stage it had not built a system for contact tracing, and the thought was that you could do that all digitally and so that everything in the strategy depended on a number of propositions, which was each somewhat implausible. The first would be that the app would work at the technical level. We later discovered that in fact it didn't work at a technical level. So, first of all, it would need to work at the technical level, even if people wanted to download it. Second, all the people needed to download it. And third, you need to have some degree of certainty that if you received an alert on the basis of symptoms put into the app by somebody you've never met a stranger, then you would then choose to spend ten days alone in your home self-isolating. I mean, there were so many things that were somewhat improbable, but that had to come together and with a high degree of certainty that it seemed to me a wholly implausible strategy. I remember pointing this out and writing a short memo to the rest of the board after our first meeting, and to which I think most people broadly agreed, but that we had to be there as a gentlemen's agreement, say, well, yeah, there's a crazy strategy, but let's do our best as an ethics committee and raise these these points where we can in a way that might filter through.

MH [00:19:49] So in a nutshell, what you're saying is that given all the uncertainties and the technical challenges of building this in the middle of the pandemic, it should have asked, right from the start, given all the things that could go wrong, is it even ethical to be trying this this experiment at this time?

JW [00:20:04] I think the one thing that was fascinating about about the relatively short period of time that the app existed and the Ethics Advisory Board from the inception of the board to the time it was actually disbanded by the government was only about three months. And during that time, the government strategy did actually change from the crazy one I've just described to the strategy that was then adopted. They then did suddenly double down on saying, well, we need to be doing 100,000 tests per day, we need to have this enormous infrastructure of test and trace. And then, from from the first meeting we had of our ethics advisory board, we were shown this PowerPoint slide where it was described as pillar one of the strategy. And within about a month and a half, it had morphed so that Dido Harding, who was then the head of the Test and Trace strategy, then described it as, quote, 'the icing on the cake of the strategy', so there being an utter shift in the government strategy and the thing that we were asked to be to advise ethically was, first of all, supposed to be the centrepiece of the strategy, and then it got demoted to being the icing on the cake within a period of about six weeks to two months, in the time when we were supposed to be trying to revive ethical advice on it. And in being asked to focus only on this very narrow set of issues, we did have a set of worries and concerns about whether the government was using the Ethics Advisory Board to give the impression that the policy as a whole had received the right amount of ethical scrutiny and in other contexts this is often known as 'ethics washing', where a company or a government trumpets the fact that it's taking ethics advice and then puts that front and centre, while not necessarily taking that advice particularly seriously, or asking the ethical advice about something that's deliberately narrowly framed.

JP [00:21:48] I think that's a habit of thought that you often find when societies are faced with really difficult problems, that there will be a technological solution to it that will magically make all the trade-offs go away. And I could see from the government's point of

view, in the absence of a vaccine and the absence of testing and not wanting to lock the whole country down indefinitely, the idea you could fix it with an app is massively appealing.

IS [00:22:14] One of the areas we grappled with in the ethics accelerator is that we did need to take some what we call normative positions. So we did need to take some positions on what is the right thing to do, because you can't just say, well, let every opinion flourish in a context like this. And this is where I do actually have some sympathy for government decision makers, because they did have to take action, they did have to make a decision about what the right thing was to do. And I think it's wrong for us as ethicists to sit and only say, well, you know, you didn't you didn't take the right decision. I think what we're saying very clearly is you didn't do it in the right way. But I think we have to respect that people were in positions where they had to make decisions. And that also is is something we feel uncomfortable with, but we have to respect that.

JP [00:23:05] I also have a bit of sympathy for the government communications people on this, and I knew some of the people who were involved in this and all the received wisdom is that you basically have to say one thing and you have to keep saying the same thing, and if that thing is too subtle, people will get confused and will then make their own decisions and we don't want that. And that was a rather infantilizing experience, I think, for for us as a population on the receiving end of the advice. But that was the received wisdom about how you, how you had to do. I like the idea that you would have would have had, in addition to Chris Whitty at those nightly news conferences, Ilina or James as chief ethicists saying, okay, guys, we're actually trading off things here, let's talk a bit about the tradeoffs, we're going to go with valuing people's lives and saving lives as as our number one goal, but that does mean that there will be knock on effects on these other things, so let's talk about that. Instead, it was just 'Let's look at the curve of infections', we need to lock down or we don't need to lock down. It was reduced to a very simple metric.

MH [00:24:03] Now once again, I'm coming back and reflecting what happened in Britain. For all that's said about Boris Johnson's moral compass or lack of it, I don't think that any other politician at that point in March could have persuaded the British people to have taken on board this need to stay home to save lives. And isn't that that messaging? Stay home, save lives, protect the NHS, doesn't that have an implicit ethical message running through it?

IS [00:24:31] Oh, yes, of course. It means the implicit ethical message is, you have an obligation to the collective, and so your own behaviour needs to embody this collective sensibility, I think unfortunately, on the one hand I would say we in the UK are better at rule following than for example, the Americans. But I think we don't have necessarily the kind of ethics of solidarity that you saw in some other countries. And so I think this was actually a tension for people in how they went about making their own decisions.

MH [00:25:07] I wanted to come back to you just briefly, John, thinking about Britain and America. I think one thing we clearly have in common is we both had populist leaders in the head of government, Boris Johnson and Trump. Boris Johnson, of course, is famous for listening, first of all, to what the Telegraph is saying and how this is playing out of the media. But perhaps I think you can make the same analysis of Trump. You know, he was more interested in how people responding to his decisions and policies on Twitter. I mean, do you think it's fair that the real moral arbiters were not ethicists sitting on Whitehall committees, but the editors of newspapers, particularly newspapers on the right of the political spectrum?

JP [00:25:44] The Johnson-Trump contrast on this is really interesting to me, but mainly because in this case, Johnson, who has some Trump-like political skills, was more interested in the phrase a linear use following the science, right, and used his particular political appeal, which, if you remember at the time, was before his downfall. He was incredibly popular and he could speak to a lot of Brits who might be otherwise sceptical of this kind of very top-down centralised government approach to things and win them over, versus Donald Trump, who was the head of a government that actually came up with a vaccine pretty quickly, and yet there was huge amounts of vaccine scepticism from his own political party or his own political supporters in America. So, for me, mainly there the study is a study in contrasts. I think the thing of who has the power is always a really interesting question. I spent a lot of time talking to people who appear to have real power in America, you know, people who work in the White House, senators, I spent a lot of time at work with journalists, obviously, and university professors, people who run big businesses. My experience is that everybody thinks that the power is elsewhere. The politicians think it's the media, the media think it's the politicians, the politicians think it's the businesses, the business thinks it's think it's government, and everyone thinks, oh, it's actually it's social media and and public opinion which forms in some kind of inchoate way. So there was certainly an attempt by us at The Economist to think through these ethical trade-offs and try and come up with some principles and come up with some opinions on which governments were doing a better job than others. But it was definitely something that you were trying to come up with somewhat on the fly with data that was changing and with scientific advice that was changing. It was a it was a hard thing to do and to get right.

MH [00:27:38] Let's see if I can put it this way, did you have a kind of mini economist brain trust working on this?

JP [00:27:43] We did, actually. Yeah. And it was made up of economists, general public policy people, science journalists. And they met frequently, considered all the new papers that came out. We also have a data team that did lots of modelling. And so we were trying to put all - I'm not as familiar as you guys with the official government processes, but we were trying to put all of those things into the mix. Plus, I have a colleague who covers public health in the U.S., Tamara, who's African-American, and she was feeding in some of the data about racial disparities in America, which became a very, very big talking point as well. So we were having all of those discussions and then trying to form lead lines, opinion lines based on based on all of that. And it was difficult. There was there were trade-offs constantly. And also you had to update your ethical position as the data and as more papers came out. And so if you had too rigid a framework that could trip you up as well.

MH [00:28:54] Okay. So welcome back to going viral. I'm sitting here with three very special guests and we're talking about ethics and the pandemic. And we're particularly looking at the role that ethics played or didn't play in the decision-making in the heart of government, both in Britain but elsewhere. And I want to take each of you to a very specific moment, which was the moment when Boris Johnson declared Freedom Day and he said the lockdowns are over, we're no longer going to, you know, instruct you when you need to stay at home or even whether you need to wear masks or, you're not going to say you have to test for your symptoms if you get ill, if you're feeling unwell, stay at home, or maybe I think I remember very clearly this read Javid saying at one point that we should just take a paracetamol and go to work. So this seemed to be a very clear moment, and I wonder if you agree or disagree, what you thought of this, where the government really abrogated any responsibility for this ethical decision making and said 'it's over to you',

British public, you decide. And you saw people responding in very different ways to that advice.

IS [00:30:00] I think one of the distinctive aspects of this whole challenge that we're discussing is that we were both participants and ethicists. So it's interesting to me to think what was my reaction at the time? And I was incredibly angry. I thought, here it is for months and months that we've been told we're following the science, we've seen charts, we've had discussions, and all of this is apparently very rational and scientific, and with no discussion of ethics at all. And then suddenly from one day to the next, it's all over. And the issue for me is that if you don't tell me the values behind the decisions that you're making, then I'm actually being asked to abide by your values without being able to think for myself, 'well, are those the values that I now want to adopt?' And so if I then chose on Freedom Day to go out and visit my elderly mother in a care home and as a result she and others died, then I wouldn't have felt that I was sufficiently informed about the fact that I had decided in my action to do that. And so that made me really angry.

MH [00:31:16] John, we've spoken a little bit about there was never the need for a Freedom Day because we already saw some states have declared that right from the beginning. But do you think there was an element as we move through COVID and we're now in a situation - I see the CDC is maybe reverting to mask wearing advice again. Have you seen the same flip flops and confusion among the public because of this absence of real focused ethical reasoning behind the advice that's being issued?

JP [00:31:41] Yes, definitely. And some very different choices made in different states. One of the worst things about the pandemic in America has been that lots of schools effectively shut down for a year, which has led to real learning loss for children, lots of particularly vulnerable children. And that's something that may affect them for the rest of their lives. It's really hard to catch up on these things. So, yes, absolutely.

MH [00:32:05] perhaps a really good example, Ilina, of the way there was a lot of confusion and also a lot of anger among parents was around these shifting rules about, should children go to school? If they went to school, should they be in like a whole year bubble? Should they be wearing masks? Should we be extending back vaccination programs to younger children? These were all issues that run straight through these complex ethical questions. And people were I my sense was people were looking for guidance, but they weren't really getting it from the government.

IS [00:32:37] They certainly weren't getting it from the government, and I don't think the government was thinking about the child development needs of kids at different ages either. And we said early on that one of the implications of this was going to be that kids were going to come out of education, there were going to be significant educational delays. But one of my areas of specialty is, is mental health ethics, and we could see mental health challenges just multiplying during the pandemic. And we had said both the result of the the actual virus itself, COVID creating certain kinds of problems so long-covid and mental health challenges, but just that kids were going to be faced with a lot of mental health difficulties. And now here we are, and we have a huge explosion in eating disorders, also in behavioural disorders. And really again, no kind of infrastructure in the NHS to manage these problems. And so part of it in in thinking about what were the ethical decisions that were not being put on the table was, in mental health and in terms of cancer diagnoses etc. just the long-term implications. What happens when the pandemic is quote unquote over? Well, it's not over, we aren't in recovery for a lot of people who've been affected by these decisions.

JP [00:33:59] So things like child protection. I have a friend who's a social worker whose job is to talk to schoolteachers and doctors. And during the lockdowns, nobody was seeing those folks. She wasn't able to do that job. And then when the lockdowns were over, suddenly there was this huge backlog of children who'd been had had really, really awful time at the hands of their own families during the pandemic and were trying to catch up from all of that. So that was also a sort of unseen trade-off.

MH [00:34:26] Ilina, can I move the conversation forward to the pandemic next time? Because as sure as night follows day, we know there will be another pandemic. It might not be next year or in five years. It could be as long as another 100 years. But we are going to have to start to think about how we can do this better next time round. And I was struck by in your blog for the Pandemic Ethics Accelerator, you say we need to build an infrastructure to support ethical input to policy-making. So I take it that you're saying we need some sort of framework, some sort of protocols in place, and the same with the scientists now put in protocols for sharing medical knowledge and speeding up trials of vaccines and other medical therapy. So what would an ethics framework or platform look like?

IS [00:35:18] At the start of the pandemic, I was invited to be on the the UKRI Research and Innovation COVID 19 Taskforce, which oversaw the entire portfolio of funding that was being released as a result of the COVID 19 pandemic. And one of the reasons that I applied to have an ethics accelerator was that I saw that economists had already had an existing infrastructure that enabled them very quickly, almost from the start, to put together an economics observatory. The National Academies of Science also had a fantastic infrastructure, again, immediately able to pull together and and have policymaking, influence. And ethics, we do have the Nuffield Council on Bioethics, which is a terrific platform for us, but we as a collective had not come together and we had, as far as I could tell, very little policy influence. So what we need is some sort of a stable collective that has access to the levers of power. What is that transformation that we can enable very quickly so that we can actually deliberate with government in partnership, not just when the next pandemic comes, but now, exactly now? And for that to happen, this is my other challenge to us as ethicists: we need to help decision makers not be afraid of us. I think they don't like us. They think ethicists are just throwing up barriers, making problems, finding the next ethical framework. So we we need to understand what the difficulties are for them. And we need to be able to enable better decision-making, ethical decision making, not ethics washing, however: better decision making in partnership with people who think about this stuff every day.

MH [00:37:18] We know a lot of the issues there will revolve around a lot of the same questions that we dealt with in this pandemic. So presumably you could draw up an ethical ethics roadmap which would be saying all this like a flowchart, saying you're faced with these sort of trade-offs, what is the ethical or moral questions you have to think about as you go through this?

IS [00:37:35] The issue is in all of these powerful institutions, access to power is not egalitarian, whether it's in government or whether it's in our academic institutions. It should not be the case that who you know is the reason why you're invited to the table or not. And this is about inequalities. And so it's one of the key areas in our if we did have a roadmap - I'm sceptical of a roadmap - but inequalities is one of the issues that has prevented us from making the progress that we need to make.

JW [00:38:05] One thing that's really striking is that if you look across Europe, then many countries actually have a national ethics committee. Germany does, Switzerland doesn't, and those countries which have a standing National Ethics Committee or National Ethics Council, which has been set up and been running for 20 years, often did a lot better on the ethics side of things than than we did in the UK. It's largely because policymakers have been used to the idea that there's an official route to go to to receive ethics advice, and sometimes they even have a duty to ask for that ethics advice. And if you have a standing committee that already does that which is resourced and you don't somehow need to scramble to put it together at the last minute. So I think an infrastructure to do that at a national level I think will be helpful. We have in this country the next the Nuffield Council on Bioethics apart from that's always been completely separate from the government, and one thing that was notable and I thought that one thing that's most problematic about the government's ethics response is they made very little use of the Nuffield Council on Bioethics. In fact, Nuffield Council published an open letter in April 2020, basically pointing out the fact that the government hadn't used them and didn't seem to refer to any ethics. And as far as I'm aware, that letter was never answered. So there was a real disconnect at the heart of what the ethics infrastructure was in this country.

MH [00:39:25] So this might be a good time to bring in Catherine Joynson (CJ) from the Nuffield Council on Bioethics.

CJ [00:39:30] We're an independent bioethics body, we analyse and advise on ethical issues in biomedicine and health, with the ultimate aim being that decisions in these areas are benefiting people and society. We've been around for 30 years and we're best known, I think, for our in-depth inquiries on issues such as genome editing, organ donation, biotech and public health. So I think we were among the first to identify some of the many ethical issues arising in the pandemic. And our first priority was how can we be helpful? We produced a number of rapid policy briefings on topics like vaccine uptake for access to treatments, and we published over 60 blogs and news articles on things like challenge trials, mask policies, the messaging that was going out around the pandemic and human behaviour. But of course we wanted to feed in directly to policy as well. And the way that we did that and the only way really we found ways to do that directly was we had strong relationships with the ethics advisers on both SAGE and MEAG, which is the moral and ethical advisory group. But to be honest, at that point it was becoming quite clear to us that the way that decisions were being made and and what advice wasn't very transparent. So we put out quite a strong statement around that time calling for greater transparency and involvement of the wider public. In an emergency, I think one of the key things is we need to have set the ground in advance. So I think that that's a really important lesson. So we need to think now or we should have been thinking before perhaps, how do we get help policymakers recognise an ethical problem or a question and know where they can go to for advice and how can we make it easier for them to access that advice? Ethics doesn't provide the answers necessarily to those problems, it provides a way to think through those really difficult things, just making sure you've brought in all of the different factors. A key one is around equity and fairness. That wasn't a factor in the early decision making, and obviously the public, everyone recognised that this was this was a real problem with unequal impacts of the policies that were being made. I think the spotlight on political decision-making has never been so intense and I think people recognise that there wasn't necessarily a vote for wrong answer. There was just a number of different options that government could have taken. And they're really, really difficult. But if those decisions have been made in a transparent, open way with ethical values acknowledged and discussed and the decisions justified in those terms, I wonder if we might feel differently about the decisions that were taken.

JW [00:42:28] We need to upskill a whole workforce across government within our health service so that people have a degree of moral skill in thinking about how to balance risks and benefits, thinking about simple questions do this sort of inequality or unintended outcomes. And when you have that set of skills much more widely distributed, I think you'll then be in a in a position, when new challenges come up, to do what's necessary much more quickly rather than starting from a zero position.

MH [00:42:56] So, James, I think what you're saying is that we all have these ethical muscles, but perhaps we don't use them enough, but we need to get in the habit of exercising them more.

JW [00:43:05] I think so. Definitely. One thing I think that allowed a lot of organisations in the health service to respond flexibly and usefully is that you often have traditions within sort of health. So a large number of hospitals may already have a clinical ethics committee whose job it is to advise on questions to do with ethics and confidentiality so that people who are already in the habit of thinking about these sorts of questions and they have broader networks they can draw on health as necessary, so that where you have some kind of infrastructure, where people are used to thinking about these sorts of questions, it's much easier to scale it up when you need to, than in other instances where people are starting completely from scratch, when they realised 'somebody told me the ethical question here, but what do I do about it?'

IS [00:43:48] So I don't disagree with any of that, but I suppose you're helping me, James, nail the reason why I'm sceptical of roadmaps and frameworks and things, and I think one reason is that they tend to be stultifying and used in a kind of non-living way. And so you create roadmaps and frameworks and then they exist and then they're exactly what we have to do. So one of the challenges I think for us is how do we make sure that these are living entities?

MH [00:44:13] Have journalists, editorial boards begun to have these sort of conversations, too?

JP [00:44:18] Yes, definitely. And it's interesting listening to you guys, the ethical discussions that you feel have been missing. Definitely, economists have been having - economics is a really good discipline for thinking about trade-offs and thinking about unintended consequences. So that has very much been sort of built in. I think that I think what economics doesn't help you is once you've identified those trade-offs and unintended consequences, potentially trying to think through, okay, so what decision to make then? Right. So ideally the marrying of those disciplines could come up with something really helpful. There's a thing that we are writing about a lot still at The Economist related to COVID, even though the pandemic is to some extent in the rear-view mirror here in the UK, which is that China went for a very utilitarian calculus early on, keep COVID out entirely. That's meant, for example, locking down Shanghai entirely for a month - a city of 25 million people. Nobody was allowed to leave their apartments for colleagues who were there through that, that was a miserable experience. And though on some measures China looked quite smart early on, they are now facing all the same trade-offs that, you know, other societies faced during COVID. They don't have enough people vaccinated and the public has finally lost patience with the kind of very authoritarian lockdowns that have been taking place in China. So they're now trying to exit zero-covid without having a good vaccination plan in place. And there's a real risk that a lot of people die as a result.

MH [00:45:50] I am glad you mention China, because one of the things that we need to think about when we're looking towards what we're going to do next time around in the next pandemic. And and I was struck actually by a column. Devi Sridhar wrote in Nature, looking at the five things that she says we need to do. And the fifth one was Stop the Spread. And she makes the point that during the early part of COVID countries such as Sweden and the UK dismissed the idea of a vaccine being ready quickly enough in order to protect the bulk of the population from reinfection. Yet multiple vaccinations were created in record time. And you ask the question, how many people would have lived if governments had worked to stop transmission until mass vaccination campaigns could be rolled out. And she argues that all reasonable efforts should be made - this is ahead of the next pandemic - to delay the spread of a virus until medical interventions are available. That includes enacting emergency mask mandates in public settings, making plans to keep schools open by moving classes, she says, to stadiums and better ventilated buildings. And this would be an ethical, she argues, public health-led approach, I suppose, to the pandemic. My concern is we've ended up in such a polarised situation with such stark divisions, I wonder whether this half of the population will say no, never again, lockdowns, never again do you ask me to wear a mask.? So how do we navigate this, John?

JP [00:47:18] Well, I think your concern is justified, and that's partly because maybe through the government not considering the ethical trade-offs carefully enough, there were times, I think, where the public health advice went over the top. There was a moment early in the pandemic where, if you remember, you're only allowed outside once a day to exercise for half an hour. I live in north London near a park, and if you sat on the bench in the park, there were policemen who told you to stand up and not sit on the bench. That was unnecessary. It turns out I think quite a lot of people have memories of that sort of thing. And as a result - and we talked a lot already about the British people being ruleful - we're also rather curmudgeonly, and to some extent, don't like that kind of thing. So, yeah, if a pandemic were to happen tomorrow, I would worry about that. I think that article you read an extract from is really interesting. There was a word, though, which was doing a lot of work, which is, 'reasonable' steps should be taken, and I think we could agree or disagree on that. I mean, I think to some extent, although this may sound callous, given how many people lost their lives to COVID 19 and how many people are still suffering from Long Covid, I think we got incredibly lucky that these wonderful mRNA vaccines were developed as quickly as they were. I think a lot about a world in which that didn't happen, right, and then you really were faced with this ongoing tradeoff between public health and the economy, which is a fine trade off in the short term to handle, but as it goes on for one year, two year, three years, the government can't borrow more money. It gets very, very ugly. And so in a sense, we did have a technological solution to the pandemic this time around. That might not always be the case.

MH [00:49:09] So, Ilina, I think we briefly asked you about herd immunity. One of the objectives of herd immunity is 'please don't treat me like a member of the herd, I'm an individual'. You know, that's the ethical position that we want to start from, isn't it?

IS [00:49:22] I think in a pandemic context, actually, the ethical position to start from is in the middle. And that's part of the challenge, isn't it? But it strikes me actually in what you read that, for example, I live in a community where there are quite a lot of older people. And older people I think would disagree with the idea, first of all, that the value of their lives is equivalent to the value of a life of a child. For example, there is an idea in ethics of 'good innings', that if you have a long, good life, then you make way for for someone else. And they also suffered enormously from the alienation from their families and friends. So I think

that any good, responsible public health strategy needs to think, first of all, about the responsible exercise of power, which I think we didn't see enough of in this government, but also needs to think, well, how our lives valued by the individuals who were asking to conform to these ideas that we put out as public health strategies and be open to the idea that not everyone agrees actually about what the value of not only my life is, but what a good life is. And we don't know enough about that. We sort of make assumptions, I think, because we are sort of a relatively homogenous society that religious differences don't matter, age doesn't matter, but it does matter. And this is something where I think MEAG actually had the right idea, but obviously didn't do it well, is to have people of different faiths thinking about moral and ethical issues, because that is, of course, a huge dimension of ethics.

JW [00:51:06] It's not clear to me that, as it were, the government took the wrong call in deciding that lockdown should be temporary, it needs to somehow sometimes oscillate or manage lockdown with lockdown, because compared to some other diseases where we've been trying to design vaccines for a very long time, say HIV, you realise how difficult it can be in certain circumstances, to design a workable vaccine. And so that in many ways it may be just the luck of the draw that in this particular pandemic we were able to design effective vaccines very quickly. But I don't think that's something we can take for granted in any future pandemic.

MH [00:51:39] So, I mean, it's not as simple as the sort of scenario that Devi Sridhar is laying out. In other words, we do need to think about what if we don't get those medical countermeasures? How long can we sustain a lockdown? How long would it be ethical to do that?

JW [00:51:53] I think very definitely, because sometimes with the benefit of hindsight, you can see that something looked like a bad decision at the time, but that maybe one major ethical learning that I've taken away from the pandemic is that if you want to be fair in judging the quality of ethical decisions that were taken at a particular moment, you have to take into account all the information that was available to those people taking the decision, the uncertainties that surrounded it, and that when we know what turned out a year later, in retrospect, the decision may look to have been the wrong one, but that on the basis of the information available at the time, it may have seemed a highly reasonable decision to have taken.

MH [00:52:35] We know that the COVID 19 public inquiry has started, and it will be in March starting to take testimony in earnest. It's a huge job, isn't it, to look into all that. And they were already having to narrow their focus and say, well, we can't do that. We can't do everything. Do you worry that the ethical piece is going to get lost in this inquiry? What would you like to see them look at?

IS [00:52:58] Well, I think the inquiry is actually a fantastic opportunity to start the processes that we've been talking about here today, which is to say ethics was absolutely at the centre of everything we did in this pandemic. And we know this now, we see it both in retrospect and in the current situation and we know it for the future. And so, ethics is not going to be a separate part of the inquiry, it's going to be integral to the entire inquiry in all the content areas that we look at. We have some indication that people understand that ethics is central and we await engagement.

MH [00:53:37] John, people are already conducting these inquiries. I mean, this series, in a way, is a mini inquiry in and of itself. I'm sure The Economist has had lookbacks too.

JP [00:53:45] Yes, we've had look backs, including looking at what the value of lockdowns was, trying to compare countries that had them and didn't, states that had them and didn't. So, yes, I think it's a really important exercise. I'm also looking forward to learning more about how government works during a crisis through the inquiry. Sometimes when things go really wrong and you have these kinds of inquiries, it can be very illuminating. We tend to think of government as those of us who are not working in government or those of us who cover it, like me, as being rather like a sort of single entity that knows what it's doing most of the time. And more often than not, when you have these kinds of inquiries, you realise that it's a lot more complicated than that.

MH [00:54:25] Well, thank you very much. This has been a wonderful discussion, I've certainly learnt a lot and I hope we can continue to have these exchanges because I think we will need them going forward. So thank you very much for being in the studio with us today. Reflecting on our wide ranging discussions about the ethics of COVID for this miniseries, I'm reminded of how far we've come since 1918. Then Britain was embroiled in a world war when there was no possibility of locking down society until a vaccine might become available. Instead, we had no choice but to let the influenza virus rip. But these were not the choices we faced in 2020 with COVID 19. And although there was no certainty that a vaccine could be produced in time, a herd immunity strategy was simply unacceptable. Instead, the government belatedly opted to protect the NHS and save lives through lockdowns and other measures designed to delay the spread of the coronavirus. However, as our guests have highlighted so clearly, the ethics and values that informed these decisions were never clearly articulated. Perhaps the starkest dilemma, as Anjana Ahuja highlighted in a previous episode, was the one scribbled on a whiteboard in Downing Street by Dominic Cummings seven days before Boris Johnson's momentous decision to lock down the country, and which read 'who should we not save?' That phrase was a frank acknowledgement that the National Health Service did not have the capacity to treat everyone who might contract. COVID 19 and that some individuals with severe disease might have to be denied access to ventilators and intensive care. But perhaps the most misleading statement of all was that we were all in this together, as Michael Marmot and other panellists underscored. Far from being a great leveller, COVID exacted the greatest toll on the socially disadvantaged and the medically vulnerable. In this way, COVID 19 amplified pre-existing health inequalities and exposed the costs and the questionable ethical choices behind 12 years of conservative austerity. With the UK still in the grip of COVID and the NHS facing the biggest crisis in its history. These issues are as pertinent now as ever, and as with the pandemic, addressing them will involve difficult choices and trade-offs. If we've learned anything from COVID it is that we need to be transparent about these choices and the values and ethics that inform them. And we need to think about what safeguards we can put in place to ensure more ethically-informed and better pandemic response next time.

Thank you for listening to Going Viral. If you've enjoyed this episode, please recommend it to your friends and we'd love for you to rate us too. You can find us on Twitter at goingviral_pod and on Instagram at goingviral_thepodcast. This episode has been produced in collaboration with the UK Pandemic Ethics Accelerator, which was funded by the UKRI COVID 19 Research and Innovation Fund. I'm Mark Honigsbaum, and the producers were Melissa Fitzgerald and Kate Jopling.