

Covid-19: SCCA CPF discussion

Background

The SARS-Cov2 virus has had a major impact on health and society, causing significant economic disruption. Zoonoses are not new and have forced evolution of our immune systems; there always has been an 'arms race' between new pathogens and immunity. Most countries imposed local or national lockdowns of their population to control the disease, followed by a staged return to normality. The disease and control are complex technical subjects incorporating biology, medicine, the psychology of population management and economics. Now may be an opportunity to explore some of the options for managing the disease.

Points for discussion

Covid-19 is undoubtedly potentially a very serious disease but how does what we have learnt about the virus, the disease it causes and its effect on individuals affect how governments should try to manage the disease and potential future epidemics.

Any discussion should explore:

1. **The disease** People with underlying health conditions and compromised immune systems are at increased risk and there is a distinct age profile related to the likelihood of disease and transmission. Prevention of underlying conditions such as obesity is usually under personal control. Should governments assume responsibility for individual behaviour?
2. **The economy** Epidemic modelling determined the early response to the disease in Britain. The current strategy is attractive socially but disastrous economically. Should we have explored the economic effects with greater rigour?
3. **Civil liberties** There is an irony that a Conservative government has found the 'magic money tree' and imposed dramatic restrictions on civil liberties. Are these justified?
4. **Disease prevention and hygiene** Measures such as extensive use of PPE and decontamination are equally applicable to most diseases and simple measures, such as washing hands and not exhaling over others are under the control of individuals. How much responsibility should individuals assume for their own protection and must we get used to full PPE amongst healthcare professionals?
5. **Evidence and policy.** The government made much play early in the epidemic of the need to follow scientific evidence. As further information accumulates policy may need to change and is always a balanced judgement. How much should evidence govern political decisions and are we missing a chance to help society understand what risk is?
6. **The NHS** Early pressure almost caused a collapse of the service which now has renewed respect. Is there a case for reform based on the experience of a centralised system?

Ideally, we should conclude with a simple policy outline to be sent to CPF for information. It is anticipated that the discussion should last about 90 minutes and be concluded by 21.00 at the latest.

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