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COVID INQUIRY

Guided by the science? Questions for the UK's covid-19 public inquiry

A BMJ series examines how politicians used, and failed to use, evidence in response to the pandemic

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As we await the completion of the UK's covid-19 inquiry, chaired by Heather Hallett,¹ we will need patience and realistic expectations. Public inquiries in the UK tend to be slow to conclude and even slower to lead to change. The Chilcot inquiry into the Iraq war took seven years.² The Saville inquiry into events on Bloody Sunday in Northern Ireland took 10.³ The outgoing prime minister, Boris Johnson, has dallied and delayed over a covid inquiry, and it took a threat of judicial review by representatives of bereaved families to get the government to finally publish the inquiry's terms of reference.⁴

Those terms of reference, which were subject to extensive consultation, are wide ranging.⁵ The inquiry has two aims, to provide a factual narrative account of what happened and to identify lessons that can inform the response to future pandemics. It will cover the public health response, including preparedness, use of data, decision making, and the effect of the pandemic across society; the health and care sector response, including social care and procurement; and the economic response, such as the furlough scheme.

The inquiry will document what decisions were made but also how and why they were made. It will pay particular attention to “disparities,” a word favoured by a government that is unwilling to speak of inequalities.⁶ It will consider the experiences of bereaved families and pay regard to international comparisons—two areas that the government was criticised for neglecting.⁷ None of this will be easy.

One challenge will be getting at the truth, given the government's track record of rejecting requests under the Freedom of Information Act,⁸ refusals by ministers to attend parliamentary committees,⁹ and Johnson's habit of not answering the questions put to him in parliament each week. This is a government that is uncomfortable with scrutiny. For example, it is thanks primarily to a series of judicial reviews launched by the Good Law Project that we know about the widespread abuses in procurement of essential equipment during the pandemic.¹⁰ In these circumstances, Hallett's warning that she will “not tolerate any attempt to mislead the inquiry, to undermine its integrity or its independence” seems understandable.¹¹

Another challenge will be assessing how the decision making process was informed and influenced. Throughout the pandemic politicians and their scientific advisers insisted that decision making would be “guided by the science.” However, evidence is socially constructed and can be highly contested.¹² Different sources, and indeed types, of evidence are

given different weight in developing policy: it is important to consider whose science counts, and why. To be useful in informing responses to future pandemics, the inquiry must come to a view about how the scientific evidence figured in decision making, and how approaches to bridging the evidence-to-policy boundary could have been more effective.¹³

Our analysis

To help the inquiry in these areas, *The BMJ* has commissioned a series of articles examining how evidence was used to shape the response to the covid-19 pandemic in the UK (www.bmj.com/covid-inquiry). We also explore how information was misused, abused, and manipulated to feed an ideologically driven “infodemic” with global consequences for vaccine hesitancy and resistance to non-pharmaceutical interventions.

The articles in the series describe successes and failures. The successes include the vaccine programme, at least in its early stages, and the response of the NHS in delivering the vaccine rollout, creating clinical learning networks, and in health service innovation. The Recovery trial,¹⁴ the OpenSafely data resource,¹⁵ and COG-UK, which provided genomic sequencing and some of the modelling, were world leading. In all of these, to some degree, the ability to generate evidence quickly drew on existing research platforms that had benefited from earlier public investment in medical and public health research.

But many mistakes were made. This is forgivable when dealing with a new virus, but what is unforgivable is that they were not corrected as knowledge and experience accumulated. The pandemic response may become a case study for students of cognitive bias. The evidence that SARS-CoV-2 transmits through the air, in crowded and poorly ventilated places, was clear relatively early on. Even now, many policies ignore this vital fact.

Children have been harmed through covid affecting them or family members, and through loss of education.¹⁶ The measures that would protect them, such as vaccination and improved ventilation in schools, attract lukewarm support at best. Those unlearnt lessons are also evident in how modelling was used to inform public policy,¹⁷ in implementation of covid-19 vaccination, in knowledge mobilisation and getting evidence into practice,^{18 19} and in the role and positioning of science advice in policy making.²⁰

Our conclusion is clear: with the toll approaching 200 000 excess deaths the UK's response should have been much better. In 2019, it had come second in the world in an index of pandemic preparedness.²¹ While debate continues about how best to compare the resilience of national health systems to shocks such as pandemics, there is little doubt that the UK's response fell far short of its potential. The effect of that mismanagement continues to be felt in the ongoing pressures on the workforce and patients in health and social care.

The question is why? And that is the central question that the UK's covid-19 inquiry must answer. Each article in our series, which will continue over the next few weeks, offers a set of messages that we hope will inform the inquiry, as well as a list of questions that demand answers. But one message is universal and unequivocal: scientists and health workers on the front line of the response, and therefore the public, were too often let down by politicians. True to a phrase first used to describe British infantrymen in the first world war, scientists and health workers during the covid-19 pandemic of 2020-21 were "lions led by donkeys."

Competing interests: We have read and understood BMJ policy on declaration of interests and declare that MM is a member of Independent SAGE and president of the BMA but writes in a personal capacity.

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