The BMJ

kabbasi@BMJ.com Follow Kamran on
Twitter @KamranAbbasi

Cite this as: *BMJ* 2020;370:m3509

<http://dx.doi.org/10.1136/bmj.m3509>

Published: 10 September 2020

Covid-19: Shooting for the moon

Kamran Abbasi *executive editor*

What happens if a moonshot fails? John F Kennedy's moonshot didn't fail. It eventually got a man to the moon eight years later, and even if it hadn't succeeded the world might not have been much different. Our exclusive news story revealed that the rocket scientists in the UK's Cabinet Office are planning their own moonshot: to introduce mass testing for covid-19 on a scale that beats every other country.¹ The financial commitment for mass population testing will be huge, considering an outlay of £500m (€550m; \$650m) to merely support initial experiments.² What if you spend billions on a moonshot to defeat covid-19 and you miss?

Indeed, England's performance in implementing a routine test, trace, and isolate programme doesn't inspire confidence for upscaling to a moonshot. Missed targets, misleading "facts," slow results, and false bravado are everyday occurrences.³ Lucrative contracts are awarded to private companies by opaque processes, while money for patients is squeezed, as Helen Salisbury points out.⁴ All this without accountability or apology for mistakes and missteps.

Testing has its place but not in isolation. For example, there is a role for regular testing of frontline health and care workers and of students and teaching staff as schools and universities reopen.⁵ But testing alone is not a panacea. It must be part of a comprehensive strategy to control community transmission, ideally one that aims for elimination of covid-19.⁶

Mass testing beyond people with symptoms or groups at risk quickly becomes screening, with all its associated undesirable effects.⁷ All screening programmes produce false positives, with harmful consequences for individuals and the economy. Point-of-care and laboratory tests for covid-19 are hard to interpret separately from the clinical context.⁸ Hence, mass testing risks creating confusion and, if mishandled, will further erode public confidence—the exact opposite of its stated intent.

Covid-19 has magnified the flaws in modern healthcare. Policy is either rushed or introduced too late and is often divorced from science and evidence, instead engineered to meet political ends. We need better evidence for non-drug interventions for covid-19, argues Margaret McCartney.⁹ We also need to avoid outdated science and oversimplification, such as in the debate over physical distancing at one or two metres.¹⁰

Above all, sensationalist schemes that are based on rough and ready science, contracted out to opportunistic companies, and funded by vast amounts of taxpayers' money risk diverting us from the direct challenges of keeping a persistent and damaging pandemic under control.

1 Iacobucci G, Coombes R. Covid-19: Government plans to spend £100bn on expanding testing to 10 million a day. *BMJ* 2020;370:m3520doi: 10.1136/bmj.m3520.

2 Iacobucci G. Covid-19: Government faces criticism over £500m plan to pilot mass testing. *BMJ* 2020;370:m3482. doi: 10.1136/bmj.m3482 pmid: 32895227

3 Iacobucci G. Covid-19: Is the UK carrying out more tests than anywhere else in Europe? *BMJ* 2020;370:m3497. doi: 10.1136/bmj.m3497 pmid: 32900775

4 Salisbury H. Helen Salisbury: Stewardship of resources. *BMJ* 2020;370:m3468. doi: 10.1136/bmj.m3468 pmid: 32900759

5 Yamey G, Walensky RP. Covid-19: re-opening universities is high risk. *BMJ* 2020;370:m3365. pmid: 32873595

6 Lee A, Thornley S, Morris AJ, Sundborn G. Should countries aim for elimination in the covid-19 pandemic? *BMJ* 2020;370:m3410doi: 10.1136/bmj.m3410.

7 Raffle AE, Pollock AM, Harding-Edgar L. Covid-19 mass testing programmes. *BMJ* 2020;370:m3262. doi: 10.1136/bmj.m3262 pmid: 32819920

8 Watson J, Richter A, Deeks J. Testing for SARS-CoV-2 antibodies. *BMJ* 2020;370:m3325.pmid: 32900692

9 McCartney M. We need better evidence on non-drug interventions for covid-19. *BMJ* 2020;370:m3473. doi: 10.1136/bmj.m3473 pmid: 32895223

10 Jones NR, Qureshi ZU, Temple RJ, Larwood JPJ, Greenhalgh T, Bourouiba L. Two metres or one: what is the evidence for physical distancing in covid-19? *BMJ* 2020;370:m3223. doi: 10.1136/bmj.m3223 pmid: 32843355

This article is made freely available for use in accordance with BMJ's website terms and conditions for the duration of the covid-19 pandemic or until otherwise determined by BMJ. You may use, download and print the article for any lawful, non-commercial purpose (including text and data mining) provided that all copyright notices and trade marks are retained.