Covid-19 dissenters—or the virtue in being less cheerful

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Dissent is under threat. To disagree is to affront. To protest is to break the peace. To argue is to fight. Disagreement, protest, and argument help us get nearer to the truth, and marginalising them is against the very essence of science and democracy. This is happening today, all around us, and the pandemic has moved us further, faster, and for the worse.

Yet, the freedom fighters for dissent are hardy. You can hear them debating the strategy of covid elimination in the latest of our #COVIDUnknowns webinars or in a podcast about what it means to “follow the science.”

It will be no news to these mild mannered activists that clinical trial findings are rarely well replicated in the real world, as a new research paper convinces us.

With obesity on the rise globally, would the world be a better place without dissenters calling for sugar taxes? New evidence suggests not. Obesity was made worse by the pandemic and at the same time led to worse outcomes. The UK’s sugar tax is a win-win: companies maintained their sales, and the sugar content of drinks dropped.

Disagreements over the UK’s Brexit policy were bitter and remain so. But perhaps nobody, except the most hardened Brexiteers, would have predicted how sharply the UK’s vaccination rollout contrasts with the shambles in the European Union.

If the negative press and feeling towards the Oxford-AstraZeneca vaccine, first questioning efficacy and now safety, are political hangovers from Brexit, it is the EU populations that will lose out. Sixteen countries have suspended or paused use of the Oxford vaccine, and doses are going to waste. As Italy, for example, heads back into lockdown, the UK medicines regulator is promising to maintain its rapid approval process for vaccines and treatments.

Vaccine hesitancy remains a problem in all territories. Among the most affected are ethnic minorities, including in the health and care workforce. If persuading people to be vaccinated is one answer, proper risk assessment of staff is another.

But some of these solutions ignore the role of structural factors that disadvantage women and ethnic minorities, who are over-represented in low paid jobs in the health service. Partha Kar argues that enough is enough. New workforce data suggest that discrimination and its perception are in some ways worse in the NHS than four years ago. Either act on the data, he says, or stop the charade.

Hearing dissent is hard, but swimming against the tide is more difficult still, whether it is disagreeing with how lateral flow tests are used in schools, or arguing for better support for isolation of covid cases. What dissent and success stories both reveal are reasons to be less cheerful. And reasons to be less cheerful should not be dismissed. They are the start of the journey to a happier workforce and a healthier society.