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The UK's coronavirus policy still places too much responsibility—and blame—on the public

The government's current emphasis on personal responsibility and showing "common sense" once again displaces blame for its ineffective response to covid-19, says **Simon Williams**

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In March last year, writing in BMJ Opinion,¹ I argued that the UK government's focus on avoiding handshakes (along with handwashing and other hygiene measures) as a means to prevent the spread of coronavirus placed too much responsibility on the public at the expense of quick, decisive, and effective policy. We now know that the decision to delay lockdown ultimately cost many lives. However, 14 months later, we yet again find ourselves in a position where the government is attempting to shift attention away from its slow and indecisive policies and onto the public through a "personal responsibility" rhetoric, which this time includes a focus on the need for "caution" when hugging.

On 17 May this year the health secretary, Matt Hancock, attributed a majority of hospital admissions with covid-19 in Bolton to vaccine hesitancy,² while a senior government minister was reported to have referred to those refusing the vaccine as "idiots" who could "ruin it for everyone else."³ These comments were reported on the same day that substantial policy restrictions were eased to permit much more indoor socialising.

More recently, on 25 May it was reported that a "stay local" advisory was put in place in eight "hotspot" areas in England where B.1.617.2 (the so called Indian variant) is rising. Here, once more, the emphasis is on the public taking responsibility to be "cautious" in these areas, despite the government rolling out a national easing of restrictions only a week earlier.

Of course, maximising vaccine uptake is crucial to curtail the pandemic and protect us against the virus, including its new variants. However, this focus on vaccine hesitancy and exercising caution detracts attention from the fact that the B.1.617.2 variant should never have been allowed to spread as readily or quickly as it has done in the UK. Several prominent scientists argued that India should be placed on the travel "red list" before the government finally took this step on 23 April. Moreover, with cases of B.1.617.2 reportedly doubling each week,⁴ it seems as though the test and trace system is so far failing to nip any emerging local outbreaks in the bud, as has been the case throughout the pandemic.

In March last year,¹ I argued that "the government's rationale for holding fire on more extensive and mandatory social distancing policies seems to be its belief that people will not be able to sustain compliance over the long haul," and that there was a lack of strong, transparent evidence for this assumption. We now know that this assumption was mistaken, and that adherence to covid measures by

the majority of the public has remained remarkably high throughout the pandemic. This is despite the government's regular casting of blame onto the public through the "don't blow it" narrative.

Need for trust

Research I've worked on,⁵ as well as that of others,⁶ suggests that one of the major factors determining adherence to covid-19 measures is trust in government. Paradoxically, rather than encouraging uptake, attributing the rise and impact of B.1.617.2 to vaccine hesitancy among affected communities might become a self-fulfilling prophecy if more people decide to delay or decline vaccination as a result of a growing distrust and dissatisfaction in the government's handling of the pandemic. Indeed, research shows that one of the major reasons behind vaccine hesitancy is a lack of trust in government.⁷⁸

To complicate matters further, the prime minister's narrative of exercising "caution and common sense," while simultaneously opening up ("taking the next step"), is another example of the mixed messages⁹ that many have been confused by throughout the pandemic. This confusion, which I and colleagues have referred to as "alert fatigue,"¹⁰ partly stems from a disconnect between the government's deeds and its words. In this case, it's playing out in the permitting of more activities (hugs and holidays) while simultaneously emphasising their risks. (Of course, the problem is that in a pandemic, individual and collective risk are interlinked.) A lack of clear and upstream communication, as we saw in the case of the recent "stay local" guidance, does little to help the public's understanding of, and trust in, government measures.

I've argued before that there is no such thing as common sense in a pandemic.¹¹ For many it would be common sense to want to hug friends and family again at the first permitted opportunity. Instead of common sense, we need to be led, or at least strongly guided, by uncommon science. The science is uncommon because it's based on emerging and rapid research on a novel and quickly mutating virus. Indeed, with so many covid-19 known unknowns remaining,¹² is it realistic or fair to expect people to make fully informed decisions about the risks of hugging and indoor mixing?

We know far more about covid-19 than we did a year ago, and the speed and effectiveness of the UK's vaccination programme is a considerable boon. However, the new unknowns of B.1.617.2 suggest that decision making is still operating under considerable uncertainty and that, consequently, a precautionary approach is as necessary now as it has been throughout the pandemic.

Pandemic policy should not need to rely too heavily on luck, yet after the policy failings of the first and second waves, the UK public, eager to return to normality, will be rightly concerned that it might not even be a case of "third time lucky." If, as appears to be happening, we experience any substantial rises in covid-19 rates, it will not be due to the public's inability to take personal responsibility. Instead, it will once more be a consequence of the government's failure to learn from its previous policy mistakes, as well as others' policy successes.

Competing interests: None declared.

Provenance and peer review: Not commissioned; not externally peer reviewed.

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