

10-Sep-2020

BMJ-2020-059589.R1

Policymaking During Crises: How Diversity and Disagreement Can Help Manage the Politics of Expert Advice

Dear Dr. Moore,

Thank you for letting us consider your revised manuscript, which we discussed at our editorial meeting.

We are pleased to make a provisional offer of publication if you are able to revise it to address the points made by the editors, which are set out below.

:: We felt that the title could better represent the article content, e.g. 'Policymaking during crises: encouraging scientific disagreement among experts can de-politicize decision making'

:: Can you clarify what is meant by 'open disagreement' in the standfirst? Do you mean transparency about disagreement? Or to promote disagreement by inclusion of diverse views that should be open for all to see?

:: Editors thought that the Donald Trump quote could be removed. We didn't think it was a good example of the type of disagreement you go on to discuss.

:: In the second principle you state: 'Second, the inclusion of diverse disciplinary perspectives can help legitimize political decisions and support compliance'. Would it be possible to clarify what is meant here - compliance by whom and with what?

:: Currently, the example given is of face masks, which is essentially a policy decision. Editors thought it would be a useful addition to also mention the need for open disagreement among experts on the assumptions that drive these decisions, like the case fatality rate (or infection fatality rate). This is a key parameter, but remains widely debated, with significant implications for modelling and policymaking.

:: Where you refer to SAGE membership as being kept secret 'until recently', we wondered if you might consider updating this to 'initially' to reflect the passage of time.

:: 'During the COVID-19 pandemic, political leaders in the United States and the United Kingdom have relied on advice primarily from medical experts (physicians, virologists, and epidemiologists), which is, of course, appropriate during a health crisis.' Editors wondered if stating 'of course... appropriate' could be perceived as undermining your argument. You may wish to consider 'understandable' instead of 'appropriate' here.

:: The second key message refers to 'epistemic quality of expert advice'. Readers may not be familiar with this term and what it means, so we would suggest replacing it.

:: The last key message isn't really a key message, more an outline of the article content. Please consider removing this or replacing it with something more akin to a take-home snippet

We hope that you will be able to revise the paper and send it back to us within one month. When you resubmit, could you kindly ensure that you provide:

(a) A covering letter outlining how you have responded, or not responded and why, to both the referees comments and those of the editors.

(b) A word count (excluding the references and words in boxes and tables). You should aim to keep this count below or very close to 2000 words.

(c) Please check that all the information required in the manuscript (see note below) is included in the revised manuscript.

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I hope you will find the comments useful.

Best wishes,

Emma Rourke
ERourke@bmj.com

10-Aug-2020

BMJ-2020-059589 entitled "Policymaking During Crises: How Diversity and Disagreement Can Help Manage the Politics of Expert Advice"

Dear Dr. Moore,

Thank you for sending us this paper and giving us the chance to consider your work. We sent it out for external peer review and discussed it at the Analysis manuscript committee meeting (present: Peter Doshi, Paul Simpson, Sophie Cook, Emma Rourke).

We enjoyed reading your paper. It stimulated interest and discussion amongst our editorial team. We would like to work with you to develop your article, with the aim of moving forward in the process. We do hope that you will be willing to amend it in the light of our comments and the reviewers' comments, provided below.

The reviewers' comments are at the end of this letter.

The editors' comments are listed below:

:: Editors interpreted the Venki Ramakrishnan quote in different ways. Please can you ensure the intended meaning of this is clear, including more explanation if required.

:: We felt that a more nuanced discussion was required when highlighting those specialities that were relied upon to guide public policy. The article currently lists medical (virologists and epidemiologists) and non-medical (economists, sociologists, educators) examples. What about other specialties within medicine e.g. pathologists, general practitioners / family medicine, geriatrics? The article positions virologists and epidemiologists in the driving seat - is this something that's proven true everywhere? What about in the US? Which experts are leading there?

:: One of our editors thought that Sweden might prove an interesting example to consider. It has been reported that the Swedish response was guided by the state epidemiologist, Anders Tegnell. If this is true, it might be the only country whose decisions were really decided by a scientist, rather than politicians. This is particularly interesting given the negative press that Sweden's response has received. You might wish to explore this.

:: In the example of disciplinary disagreements we thought that posing the question as 'whether or not to mandate wearing face masks' might bring in the range of disciplines in a more intuitive way than 'are face masks effective?' Many disciplines may not feel able to comment on whether masks are effective, but are more likely to have a view on whether they should be mandatory.

:: The heading Organising Principles seems to introduce jargon unnecessarily. Editors thought this would work just as well with the heading Principles.

:: With regard to the argument about transparency, we thought it might be worth acknowledging the progress that has been made. For example, while there is a strong case for publishing disagreements, at the start of the pandemic we didn't even know who was sitting on the advisory committees - something that has been the case in previous pandemics too.

:: When discussing the different types of diversity you may also wish to consider age, especially given the disparity in outcomes with covid-19 by age, and the fact that older age groups may have experience of previous pandemics e.g. 1957 and 1968 flu pandemics.

:: You briefly mention differences in tolerance of risk. Editors thought that the differing approaches of countries could be discussed in a little more depth to highlight the implications e.g. of a zero-risk type approach versus alternatives.

:: Finally, editors thought you may wish to consider the political issue around governments seeking popularity rather than necessarily following the consensus, and that they may align with other groups depending on how it fits their agenda.

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I hope you will find the comments useful. Please don't hesitate to contact me if you wish to discuss this further.

Yours sincerely,

Emma Rourke
ERourke@bmj.com

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Reviewer(s)' Comments to Author:

Reviewer: 1

Recommendation:

Comments:

The authors argue that scientific advice offered to political leaders should be (1) publicized, (2) come from diverse disciplinary experts, and (3) clearly articulate disagreements among experts. The case for (1) and (2) is extremely strong. The surprising part is (3). How to protect against politicians cherry-picking the opinions that suit their political agendas, if many dissents are publicized? It is more commonly thought important to publicize a consensus view to rally the public around the best scientific recommendations. The authors argue, however, that where the sciences is rapidly developing, as with the novel coronavirus, it is important to open space for policymakers to change their minds. This requires openness about existing uncertainties. The best scientific opinion at a given point in time could be mistaken. Authors make a strong case for this position, and offer institutional arrangements such as publication of minority reports and tribunals, that could bolster confidence in experts precisely by demonstrating that the scientific process is not dogmatic. This paper is strongly argued and well-supported by the cited literature.

Additional Questions:

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Reviewer: 2

Recommendation:

Comments:

This paper provides a nice contribution to the topic of the relationship between expertise and politics, which has been well-studied but not in the context of the current crisis, so it does come across as fresh. To avoid either experts being either attacked or used as a shield the authors propose recognizing diverse expertise and open disagreement, meaning diversity has to be processed and decisions reached through political processing of diversity. The point about the epistemic benefits of variety is well-recognized, and explains why for example there were so many disciplines involved in the Millennium Ecosystem Assessment or Intergovernmental Panel on Climate Change. The need for open disagreement is perhaps a bit more novel, though it isn't going to stop that disagreement being weaponised in politics, as for example when climate change deniers cherry-pick seemingly anomalous bits of evidence.

The paper stresses legitimate disagreement and uncertainty, without saying what makes disagreement legitimate – unless all disagreement is legitimate. What about manufactured disagreement on smoking/cancer and climate change by those Oreskes and Conway call 'merchants of doubt'? I'd use the concept of meta-consensus to delineate legitimate disagreement, though that might take a while in a short paper.

I think ultimately the solution to the problems the authors identify lie not just in the relationships between different kinds of experts, but in the broader kind of politics which expert advice enters. Their proposals would probably not be enough to counter the toxic politics of the United States, even as it applies narrowly to the pandemic; and in the much more measured politics of New Zealand, would probably provide mostly incremental improvement. In any case, their proposals would work better if they could be joined by political reforms or innovations to render politics more deliberative.

In short: this is an interesting contribution that should get a lot of attention. And if the authors are true to their own commitments, they should welcome disagreement with their argument.

I had to look at footnote 1 several times to realise Colvin J. Trump isn't a person.

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Reviewer: 3

Recommendation:

Comments:

This is a thoughtful, clear, and compelling manuscript. It is well grounded in relevant scholarly literature, and it is written in an accessible style for a broad audience. The manuscript makes a persuasive case for two simple principles for the effective political use of expert advice: include diverse perspectives, and facilitate open disagreement among experts. The authors conclude with some interesting reflections on how these principles might be institutionalized.

I have only two suggestions. First, the authors call their principle "Inclusion of Diverse Disciplinary Perspectives," but then they rightly say that "diversity is important not just with respect to subject expertise, but also with respect to social knowledge, lived experiences or 'perspectival diversity'." As examples they mention "gender, home-ownership, or wealth." These are not matters of "disciplinary diversity," but "social diversity" or what some have called "social perspectives." Additionally, given that the authors repeatedly use the Covid-19 pandemic as an example, I recommend including a comment on racial and ethnic diversity. As many people have noted, in the United States, especially but not only, the pandemic has had a highly disproportionate impact on people of color.

Second, the authors' call for publicizing expert disagreement and uncertainties, while preserving the autonomy of political decision making, has similarities to Collins and Evans's proposal for a committee of social scientists that would do just that in their book *Why Democracies Need Science*. It would be worthwhile to add a brief comment on how the authors' proposal compares to that of Collins and Evans.

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