



Adult Learning Within Reach

Member Lecture – 20 May 2021

COVID-19: the role of ethics in decision-making
Katharine Wright & Arzoo Ahmed, Nuffield Council on Bioethics

Questions answered post-lecture.

Q1 You mentioned that you take public opinion into account in developing advice. If public opinion is found to be based on misinformation, conspiracy theories or unfounded fears, does this influence the advice?

As part of our projects, we always try to find ways of hearing experiences and opinions from people who don't regard themselves as 'experts' but who may be affected by the issues we're looking at (e.g., in the case of our report on dementia back in 2009, we involved people with dementia themselves and family carers – and we also had a discussion day with members of the public without personal experience of supporting family members with dementia). Usually, this is about understanding a range of perspectives and attitudes – it's not 'proper' research in that people who respond are usually self-selected (so we can't be sure they are representative). Rather, it's an opportunity to contribute – and our reports often include boxes of quotations from respondents, demonstrating the range of views expressed or striking examples of relevant personal experience.

If, as you describe, we got responses based on unfounded fears, we would use this to illustrate how those fears affect people's views – but we wouldn't just take the views at face value as 'fact'. If, however, the kind of feedback we got was very different from the thinking that was coming out of our working group, we would really have to test ourselves – if we are disagreeing with what a lot of people contact us to say, we would need extra reason for justifying the approach we have come up with. One example of that was in our 2017 report on cosmetic procedures where a lot of the public input we received was very critical of people who had procedures, unless it was in response to disfigurement. We took the approach that it was important to look at all the pressures that push people into having cosmetic procedures (advertising, social media, fear of losing jobs because of looking older etc.) – and resisted the idea that people who had cosmetic procedures 'only had themselves to blame' if things went wrong.

Q2 How effective is the Russian vaccine (Sputnik V)?

This is not my direct area of expertise (I'm not a scientist) – however you might like to look at this article in [The Lancet](#). One of the reasons why the Russian vaccine was controversial at first was that it was licensed very early, before trials were completed. However, the results have now been published and the consensus appears to be that it is an effective vaccine. To quote the Lancet article commenting on the study results: "The development of the Sputnik V vaccine has been criticised for unseemly haste, corner cutting, and an absence of transparency. But the outcome

reported here is clear and the scientific principle of vaccination is demonstrated, which means another vaccine can now join the fight to reduce the incidence of COVID-19.”

Q3 Should carers have to be vaccinated?

We held a roundtable on mandatory vaccination for care home workers on 19th May. Look out for the write-up on our website coming soon! Some factors to consider include:

- Understanding why some care home staff may have been hesitant/slow to accept a vaccine – and addressing the fears that may be preventing them coming forward (especially given the level of misinformation that has been circulating on social media about safety – e.g. completely untrue threats to fertility). In particular, look at how it can be as easy as possible (why, for example, were care staff not routinely offered the vaccination actually at the home, when care home residents were vaccinated?)
- Making a distinction between a moral duty to be vaccinated to help protect potentially very vulnerable people for whom care is being provided – and whether it’s appropriate to turn that into a legal duty.
- Considering what is, and isn’t unique about care home staff: is it right to make a distinction between social care and healthcare staff, for example, in this way?
- Looking to the future and considering how best to provide a safe and high quality care home sector – compared with the health service, those working in the care home sector are poorly paid and have little access to training or career progression.

Useful links and further reading

[Nuffield Council on Bioethics](#) - website