

A lack of diverse perspectives means that the cure for Covid-19 will hurt more than the disease

Professor Paul Dolan, London School of Economics, 31 March 2020

Covid-19 is a public health crisis. At least, this is what is being communicated by all the public health doctors, epidemiologists and clinicians who have taken over the air waves and other more modern forms of media. But it is an economic and social crisis too – and yet social scientists have hardly been heard from. It is unclear whether they are having any influence on policy either. When the UK government says its decisions are guided by the science, it feels like they mean only the science of transmission of the virus and its direct consequences for health. And even health is narrowly defined here, referring almost entirely to mortality risks in the next few months.

So, whilst Covid-19 represents a crisis for how we live, probably for decades, the emphasis is overwhelmingly on limiting the number of Covid-19 deaths until a vaccine can be found or a test for antibodies is made widely available. The fetishisation of delaying death (even by a relatively short time for those most at risk of dying from Covid-19) means that suppression is the only argument in town. This may well have been the most effective policy for mortality and health risks when Covid-19 first came to the UK, and it is completely beyond me why we didn't engage in testing and contact tracing from the outset.¹ But can anyone be so sure now? Even if it will prevent more direct deaths from Covid-19, and even if it will prevent more indirect deaths from health care systems being overwhelmed, can we suppose that the costs of economic and social meltdown (never mind the health losses from other causes) are worth it?²

I would like the answers to these questions, and the policies enacted by governments, to be informed by a range of perspectives on human health, wealth, connectedness, flourishing and happiness. We know that people care about all these dimensions and are willing to make various trade-offs between them in their daily lives, and it is simply not true that individuals care only about health and mortality risks. In various ways, all of us have willingly put our health at risk – and many times simply to enjoy ourselves.³ As citizens too, we want resources allocated to reduce mortality risks but also to tackle a whole range of inequalities that exist between people and a whole lot more besides. There is a point at which an increase in the number of cases of domestic violence, for example, is too high a price to pay for one fewer death from Covid-19. Public health professionals and infectious disease modellers cannot be expected to provide anything other than a very partial perspective on these issues.

At this time of crisis, a genuine diversity of perspective and opinion is vital if we are to mitigate the full and long-term effects of Covid-19 and the various policy responses, such as closing schools and social distancing. There is compelling evidence that diversity of thought and knowledge results in better performance.⁴ In the current crisis, I am especially concerned that those with real knowledge and experience of what life will really be like for many of those forced to stay at home in dysfunctional households for weeks on end are not being listened to.

The situation is changing rapidly, of course, but the government should urgently consult different areas of expertise in an expedient way that more fully considers the health, economic and social costs and benefits of different actions. It is encouraging that leading behavioural scientists are already thinking about how their discipline can be reconfigured to make a more effective and rapid response to the Covid-19 crisis.⁵ There is urgent need for the academy to rally disparate voices and sources of expertise, and for governments to consult widely. Herd immunity might still not be the best policy, but herd beliefs and behaviours led by one narrow frame of reference may well turn out to be much more harmful for human life once Covid-19 has been dealt with.

¹ Normile D. Coronavirus cases have dropped sharply in South Korea. What's the secret to its success? *Science* 2020.

² Liu JJ, Bao Y, Huang X, Shi J, Lu L. Mental health considerations for children quarantined because of COVID-19. *The Lancet Child & Adolescent Health* 2020.

³ Dolan P. Healthy. In: *Happy Ever After: A radical new approach to living well*. Penguin Books; 2020.

⁴ Jehn KA, Northcraft GB, Neale MA. Why Differences Make a Difference: A Field Study of Diversity, Conflict, and Performance in Workgroups. *Administrative Science Quarterly* 1999;44(4):741.

⁵ Hahn U, Lagnado D, Lewandowsky S, Chater N. Crisis knowledge management: Reconfiguring the behavioural science community for rapid responding in the Covid-19 crisis. 2020.