

U-turns or no turns? Charting a safer course in health policy

Greg Hartwell and Martin McKee 

Faculty of Public Health & Policy, London School of Hygiene & Tropical Medicine, London WC1H 9SH, UK

Corresponding author: Greg Hartwell. Email: Gregory.Hartwell@lshtm.ac.uk

When the facts change . . .

‘When the facts change, I change my mind. What do you do, sir?’ This familiar question, usually attributed, apocryphally, to Keynes or Churchill, was alluded to by the British Prime Minister in January 2021 to justify a third national lockdown when he announced: ‘The facts are changing and we must change our response’.¹ The attraction of such words is clear: they offer a seemingly indisputable logic for changing course when this becomes convenient, heading off the perennial accusations of ‘U-turns’ whenever an earlier policy is being discarded.

U-turning – also known as ‘flip-flopping’ in the US or ‘back-flipping’ in Australia – has long been a contentious characteristic of political life. Margaret Thatcher famously decried it as an approach when she said ‘To those waiting with bated breath for that favourite media catchphrase, the U-turn, I have only this to say, “You turn if you want; the lady’s not for turning”’.² Yet when a situation or context really does change substantially, a government may be right to change course. In such instances, and especially in a global crisis such as the SARS-CoV-2 pandemic where decisions can have an immediate and profound impact on people’s lives, it nonetheless brings risks. It can too easily be seen by the public, or portrayed by political opponents, as a means of deflecting blame for earlier mistakes. The dangers are especially great when trust in politicians is already low, for example when there has been an impression of vacillation, delay or incoherence. When U-turns become frequent, they risk creating confusion and undermining public trust even further. This is particularly concerning given the importance of trust in adherence to public health measures.

This concern is reinforced when we look at the experience of those countries, in all parts of the world, that have been most successful in limiting COVID-19’s impact on health and the economy. They swiftly implemented comprehensive strategies

that had the explicit aim of eliminating community transmission.³ Although they have had to change tack from time to time, for example when they experience imported cases, there has been a clear sense of direction. In other countries, especially those such as the USA and UK, among the worst affected worldwide, this clarity has been lacking. The policy of elimination adopted in many parts of Asia was rejected but no alternative was put in its place. Policies were reactive and frequently delayed. In autumn 2020, the UK government not only rejected advice to tighten restrictions from its own Scientific Advisory Group for Emergencies (SAGE), as well as the independent SAGE and the vast majority of the academic community, but the Prime Minister even attacked opposition politicians for suggesting this course of action.⁴ Measures necessary to bring infections under control were repeatedly resisted until the weight of public or media opinion became overwhelming. Proposed courses of action, such as an abandonment of a policy to release restrictions over Christmas, were derided one day but adopted the next.

Holding leaders to account

If politicians are to respond to changing circumstances while avoiding accusations of U-turns, they must change the way they operate. Crucially, they must explain any changes fully and via the proper channels. They have several audiences. One is the public, who have appreciated honest explanations, especially when accompanied by convincing metaphors, such as those used by the UK’s Professor Jonathan Van Tam, to which they can relate.⁵ Another is the scientific community. In January, the Joint Committee on Vaccination and Immunisation’s contentious decision to advise dosing changes for the Pfizer vaccine was made after sifting complex trial evidence.⁶ As with earlier revisions to vaccine priority groups, this change in recommendation was immediately presented to the public as a U-turn by various media outlets. Clear communications could have

clarified the situation but were lacking. Even those in the medical and scientific community who were inclined to support the government's decision to maximise the numbers who had had at least one dose struggled to obtain the evidence needed to be reassured. Just as the government is obliged to publish in full any statistics that ministers cite,⁷ so they should be required to publish the evidence on which they base their decisions. And they should cease the habit of 'announcing' major changes in policy through briefings to selected journalists or unattributed leaks to favoured newspapers.

However, it is only possible to explain changes of course if these can be shown to be part of a coherent strategy, with decisions based on evidence and made in a timely manner. In practice, on many occasions in the UK government's pandemic response, evidence of a considered course of action has been elusive. The handling of school closures in recent weeks is a cautionary, if chaotic, case study. An initial decision by the Government to allow some primary schools in London to open in January, but not others, caused immediate confusion. Several boroughs with high rates of COVID-19 were ordered to open their doors, while neighbouring ones with lower rates were told to keep theirs closed. No rationale for this counter-intuitive approach was given, causing widespread concern among teachers, parents and the local authorities responsible for enforcing the changes. After mounting pressure, the Government changed the policy again, announcing all schools would close in London, but not elsewhere, even though infections were increasing in almost all parts of the country. Even more alarmingly, when a further announcement was made the following week that primaries and secondaries would indeed close nationwide, it came – bafflingly – one day after most schools had already returned from their Christmas break. This was despite the Government's SAGE group, some 13 days earlier, advising Ministers that a lockdown without schools closed would be 'highly unlikely' to reduce the R number below 1.⁸ Delaying this decision for a fortnight, before inexplicably allowing millions of school children to mix for a single day, provided an entirely avoidable opportunity for the virus to spread anew among pupils and staff. In turn, this will now be fuelling further secondary cases, adding greater demands onto an NHS already straining under immense pressures. If ministers really were 'following the science', as claimed, then the science must itself have been pursuing a singularly complex and confusing path.

Sharper language, swifter action

How can we minimise the public health impacts of these kinds of recurrent missteps? If a country navigating the pandemic is like a ship trying to chart a course through a storm,⁹ England's approach currently feels rudderless, buffeted day-to-day by the winds of public and media opinion. When it is clear that a ship is sailing in the wrong direction or is blown off course, it is prudent to change direction; a captain who ploughs on regardless invites danger. But the rationale must still be explained clearly and convincingly to the passengers and crew. The government's new Roadmap is a good start, at least setting out a direction of travel, but still lacks a clear goal. The Prime Minister has rejected ZeroCOVID but put nothing in its place.

Finally, commentators in the media, academia and political arena, while rightly holding governments to account, should avoid attacking any considered and justified changes of course, rather than launching reflex criticisms of what are described ubiquitously as U-turns. At the same time, we, as scientists and health professionals, must remain unflinching in our demand that necessary corrections to the country's course are made without hesitation and on the basis of transparent rationales. Urgent decisions by Governments must never be deferred simply by virtue of being difficult or embarrassing. When lives are involved, the stakes are far too high.

Declarations

Competing Interests: MM is a member of Independent SAGE.

Funding: None declared.

Ethics approval: Not applicable.

Guarantor: Greg Hartwell.

Contributorship: GH wrote first draft, which MM and GH revised jointly.

Acknowledgements: None.


Provenance: Not commissioned; editorial review.

ORCID iD: Martin McKee  <https://orcid.org/0000-0002-0121-9683>

References

1. Johnson B. *Covid-19 Update*. Volume 809: Debated on Thursday 7 January 2021: Hansard. See <https://hansard.parliament.uk/Lords/2021-01-07/debates/C9EB2152-53C5-417F-8D97-52CD20A7EFF3/Covid-19Update> (last checked 22 February 2021).

2. Thatcher M. *Speech to Conservative Party Conference 1980*. See https://en.wikipedia.org/wiki/The_lady%27s_not_for_turning (last checked 22 February 2021).
3. Han E, Tan MMJ, Turk E, Sridhar D, Leung GM, Shibuya K, et al. Lessons learnt from easing COVID-19 restrictions: an analysis of countries and regions in Asia Pacific and Europe. *Lancet* 2020; 396: 1525–1534.
4. Alwan NA, Burgess RA, Ashworth S, Beale R, Bhadelia N, Bogaert D, et al. Scientific consensus on the COVID-19 pandemic: we need to act now. *Lancet* 2020; 396: e71–e72.
5. Morton M. Jonathan Van-Tam's best analogies: penalties, equalisers & yoghurts. *BBC*. See <https://www.bbc.co.uk/news/uk-55169801> (last checked 22 February 2021).
6. JCVI. *Optimising the COVID-19 Vaccination Programme for Maximum Short-Term Impact: DHSC*. See <https://www.gov.uk/government/publications/prioritising-the-first-covid-19-vaccine-dose-jcvi-statement/optimising-the-covid-19-vaccination-programme-for-maximum-short-term-impact> (last checked 22 February 2021).
7. UK Statistics Authority. *Code of Practice for Statistics 2020*. See <https://code.statisticsauthority.gov.uk/the-code/trustworthiness/> (last checked 22 February 2021).
8. Scientific Advisory Group on Emergencies. *Seventy-Fourth SAGE Meeting on COVID-19, 22nd December 2020 Held via Video Teleconference: DHSC*. See https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/948606/s0991-sage-meeting-74-covid-19.pdf (last checked 22 February 2021).
9. McKee M, van Schalkwyk MCI, Maani N and Galea S. A new year's resolution for health workers. *BMJ* 2020; 371: m4602.



The Royal Society of Medicine

Together we can: Lecture by Professor Chris Rapley CBE

Hear from Professor Chris Rapley CBE, Professor of Climate Science at University College London, as he explores climate change and the next steps for society.

For more information, visit:
www.rsm.ac/ProfChrisRapleyCBE

📅 Thu 20 May 2021
 11:00am to 12:00pm BST

£ £0 - £6 for RSM members
 £3 - £20 for Non members

Follow us:    