

## Questionnaire Response – Professor Michael Parker

Witness Name:

Professor Michael Parker

Dated: 13 October 2022

Ref: M2/SAGE/01/HP

### COVID-19 INQUIRY – MODULE 2

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#### 1: Overview of qualifications, career history, professional expertise and major publications:

##### Qualifications

1.1. The following table outlines my qualification:

**Table 1 – Qualifications**

1984	B.Ed (Hons), University of the West of England
1992	PhD Philosophy, Hull University
2003	MA Oxford

##### Employment History

1.2. The following table outlines my employment history:

**Table 2 – Employment History**

1985 – 1995	Team Leader and Project Worker at short and long-term high-support hostels for homeless young people in Central London, primarily with Centrepont Soho
1995 – 1996	Researcher in Applied Ethics, Centre for Professional Ethics, University of Central Lancashire.

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1996 – 1997	Lecturer in Medical Ethics, School of Health and Social Welfare, Open University
1997 – 1999	Lecturer in Medical Ethics, Division of Primary Care and Population Health Sciences, Imperial College, London
1999 – 2004	University Lecturer and then Reader in Medical Ethics, The Ethox Centre, Nuffield Department of Population health, University of Oxford.
2005 – Present	Professor of Bioethics and Centre Director, The Ethox Centre, Nuffield Department of Population health, University of Oxford.

### Professional Expertise:

- 1.3. I am Professor of Bioethics and Director of the Ethox Centre in the Nuffield Department of Population Health at the University of Oxford.
- 1.4. Ethox is an internationally recognised, multidisciplinary ethics research centre with around 60 researchers and research support staff. It aims to improve ethical standards in healthcare practice and in medical research through education, research, and the provision of ethics support to health professionals and medical researchers.
- 1.5. The Centre in all its activities seeks to be close to practice and to engage with ethical issues faced by real world actors i.e. doctors, researchers and policymakers in real world settings. One implication of this is that its research is often conducted in partnership with health professionals and medical scientists.
- 1.6. Ethox has developed an innovative model for the embedding of ethics into large scale scientific initiatives. Examples include Genomics England, Oxford's Big Data Institute, and the five Wellcome Africa and Asia Research Programmes. Wellcome is a global charitable foundation who work to support science to solve the urgent health issues facing everyone.

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- 1.7. I have two main areas of research interest and expertise. The first of these is in the ethical aspects of the clinical and research uses of genomics and genetics.
- 1.8. In 2001, together with clinical colleagues, I established the Genethics Forum, the UK's de facto national ethics resource for clinicians, researchers, and laboratory staff working in genetics. This is both an innovative model of ethics support and a valuable research resource. I have published on a range of ethical questions including:
  - (1) the limits of confidentiality and the uses of genetic information in the care of patients and families;
  - (2) prenatal testing;
  - (3) the genetic testing of children and young people;
  - (4) issues arising out of the increasingly close relationships between clinical practice and research; and
  - (5) the uses of pathogen genomics in public health.
- 1.9. In 2013, I was invited to chair the ethics advisory committee for the 100,000 Genomes Project, and to become a member of the Genomics England Board as it implemented the 100k Project. In 2022, having reached the end of my second term of office at Genomics England, I moved on to become the ethics lead for Our Future Health.
- 1.10. My other main area of research expertise is in global health. I have conducted research in infectious diseases ethics since 2004.
- 1.11. In 2011, together with partners in Kenya, Malawi, South Africa, Thailand, and Vietnam, I established the Global Health Bioethics Network, which conducts collaborative research on ethical issues in global health, and supports career development, doctoral research, and many small-scale locally relevant research projects.
- 1.12. Together with partners in these and other low and middle-income country (LMIC) settings I have published widely on ethical issues in global health including on topics such as: fair research collaboration; genomic research in low and middle-income settings; data-sharing; ethics of research in global health emergencies; the uses of phylogenetics in global health research; and

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the ethics of research with ‘vulnerable groups’. The following two pieces of work in global health are of particular relevance to my role on SAGE and to the UK response to COVID-19.

### Research in Global Health Emergencies: ethical issues

- 1.13. From 2018 – 2020, I chaired a two-year International Working Group on the ethics of research in global health emergencies for the Nuffield Council on Bioethics.
- 1.14. The Working Group report, which was informed by an extensive process of evidence gathering – including fact-finding visits to West Africa and China - was published in January 2020.
- 1.15. At the WHO Plenary meeting on COVID-19 in February 2020, the report was described as the cutting edge of relevant ethics guidance. Following this I was invited to become a member of the WHO COVID-19 Ethics and Governance Working Group (<https://www.nuffieldbioethics.org/publications/research-in-global-health-emergencies>).

### Ethics and the use of contact tracing mobile phone apps

- 1.16. In early 2020, I was approached by Oxford scientists who were in the early stages of working on the development of what would go on to become the NHS Covid contact tracing app. The team, led by Professor Christophe Fraser, wanted me to help them identify and analyse the potential ethical issues arising out of the use of a digital contact tracing tool of this kind.
- 1.17. We published two papers on these questions in Spring 2020. These were the first papers published on this topic.
  - (1) Parker M, Fraser C, Abeler-Dörner L, Bonsall D. “The ethics of instantaneous contact tracing using mobile phone apps in the control of the COVID-19 pandemic” *Journal of Medical Ethics* 2020 doi.org/10.1136/medethics-2020-106314
  - (2) Ferretti L, Wymant C, Kendall M. et al. “Quantifying SARS-CoV-2 transmission suggests epidemic control with digital contact tracing” *Science* 2020 DOI: 10.1126/science.abb6936 (2020).
- 1.18. This work was undertaken prior to my invitation to participate in SAGE.

**Publications**

1.19. My relevant publications include:

- (1) Marteau TM, Parker MJ, & Edmunds WJ. “Science in the time of COVID: Reflections on the Events Research Programme in England” *Nature Communication* 13, 4700 2022. <https://doi.org/10.1038/s41467-022-32366-1>
- (2) Parker M. “Ethical hotspots in infectious disease surveillance for global health security: social justice and pandemic preparedness”. In Savulescu, J. and Wilkinson, D. *Pandemic Ethics: From COVID-19 to Disease X* Oxford: Oxford University Press, 2022
- (3) Jamrozik E, Heriot G, Bull S, Parker M. “Vaccine-enhanced disease: case studies and ethical implications for research and public health” *Wellcome Open Research* 2021, 6:154 <https://doi.org/10.12688/wellcomeopenres.16849.1>
- (4) Smith M, Forman L, Parker M, et al. “Should a COVID-19 vaccine authorized for emergency use be considered an ‘essential’ medicine?” *Health and Human Rights*. 2021 Jun;23(1):145-150. PMID: 34194208; PMCID: PMC8233020.
- (5) Sekalala S, Perehudoff K, Parker M, et al. “An intersectional human-rights approach to prioritizing access to COVID-19 Vaccines” *BMJ Global Health* 2021;6:e004462.
- (6) Smith MJ, Ahmad A, Arawi T et al. “Top five ethical lessons of COVID-19 that the world must learn” [version 1; peer review: 2 approved]. *Wellcome Open Res* 2021, 6:17 <https://doi.org/10.12688/wellcomeopenres.16568.1>
- (7) Voo TC, Reis AA, Thomé B, Ho CW, Tam CC, Kelly-Cirino C, Emanuel E, Beca JP, Littler K, Smith MJ, Parker M, Kass N, Gobat N, Lei R, Upshur R, Hurst S, Munsaka S. “Immunity certification for COVID-19: ethical considerations”. *Bull World Health Organ*. 2021 Feb 1;99(2):155-161. doi: 10.2471/BLT.20.280701. Epub 2020 Dec 1. PMID: 33551509; PMCID: PMC7856365.

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- (8) Bull S, Binik A, Jamrozik E, Parker M. “SARS-CoV2 challenge studies: risks and ethics (or risk minimisation in context)” *Journal of Medical Ethics* doi: 10.1136/medethics-2020-106504
- (9) Johnson SB, Parker M. “Ethical challenges in pathogen sequencing: a systematic scoping review. *Wellcome Open Res* 2020, 5:119 <https://doi.org/10.12688/wellcomeopenres.15806.1>
- (10) Parker M, Fraser C, Abeler-Dörner L, Bonsall D. “The ethics of instantaneous contact tracing using mobile phone apps in the control of the COVID-19 pandemic” *Journal of Medical Ethics* 2020 [doi.org/10.1136/medethics-2020-106314](https://doi.org/10.1136/medethics-2020-106314)
- (11) Dawson A, Emanuel EJ, Parker M, Smith MJ, Voo TC. “Key Ethical Concepts and their Application to COVID-19 Research” *Public Health Ethics* PHE-2020-0038. <https://doi.org/10.1093/phe/phaa017>
- (12) Ferretti L, Wymant C, Kendall M. et al. “Quantifying SARS-CoV-2 transmission suggests epidemic control with digital contact tracing” *Science* 2020 DOI: 10.1126/science.abb6936 (2020).
- (13) Emanuel EJ, Persad G, Upshur R, et al. “Fairly Allocating Scarce Medical Resources in the Time of COVID-19” *New England Journal of Medicine* 2020 DOI: 10.1056/NEJMs2005114
- (14) Wright, K., Parker, M., Bhattacharya, S. et al. “In emergencies, health research must go beyond public engagement toward a true partnership with those affected” *Nat Med* 2020. <https://doi.org/10.1038/s41591-020-0758-y>
- (15) Johnson SB, Parker M. “The ethics of sequencing infectious disease pathogens for clinical and public health” *Nat Rev Genet* 20, 313–315 (2019). <https://doi.org/10.1038/s41576-019-0109-3>
- (16) Coltart, C., Hoppe, A., Parker, M., et al. on behalf of the Ethics in HIV Phylogenetics Working Group “Ethical Considerations in HIV Phylogenetic Research” *Lancet HIV* 2018 DOI: [10.1016/S2352-3018\(18\)30134-6](https://doi.org/10.1016/S2352-3018(18)30134-6)

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- (17) Parker M, Lucassen A. "Using a genetic test result in the care of family members: How does the duty of confidentiality apply?" *European Journal of Human Genetics* 2018 doi:[10.1038/s41431-018-0138-y](https://doi.org/10.1038/s41431-018-0138-y)
- (18) Lucassen A, Montgomery J, Parker M. "Ethics and the social contract for genomics in the NHS" In Chief Medical Officer, *Generation Genomes: Annual Report of the Chief Medical Officer 2017*. Chapter 16. [https://discovery.ucl.ac.uk/id/eprint/1561587/1/Montgomery\\_Ethics%20and%20the%20social%20contract%20for%20genomics%20in%20the%20NHS.pdf](https://discovery.ucl.ac.uk/id/eprint/1561587/1/Montgomery_Ethics%20and%20the%20social%20contract%20for%20genomics%20in%20the%20NHS.pdf)
- (19) Parker M, Kingori P, "Good and Bad Research Collaborations: Researchers' Views on Science and Ethics in Global Health Research" *PLOS ONE* 2016 11(10): e0163579. doi:10.1371/journal.pone.0163579
- (20) Parker M, Kwiatkowski D. "Ethics of sustainable genomics research in Africa" *Genome Biology* 2016 17:44 DOI: 10.1186/s13059-016-0914-3
- (21) Aveling E, Parker M, Dixon-Woods M. 'What is the role of individual accountability in patient safety? A multi-site ethnographic study' *Sociology of Health & Illness* 2015 doi: 10.1111/1467-9566.12370
- (22) Middleton A, Morley KI, Bragin E, Firth HV, Hurles ME, Wright CF, Parker M; DDD study. "Attitudes of nearly 7000 health professionals, genomic researchers and publics toward the return of incidental results from sequencing research". *Eur J Hum Genet*. 2016 Jan;24(1):21-9. doi: 10.1038/ejhg.2015.58. Epub 2015 Apr 29. PMID: 25920556; PMCID: PMC4795240.
- (23) Parker M, "Scaling ethics up and down: moral craft in clinical genetics and in global health research" *Journal of Medical Ethics* 2015 41:134-137 doi:10.1136/medethics-2014-102303

## 2: A list of groups I was a participant, and the relevant time period:

2.1. I participated in the following groups:

- (1) SAGE: 10 April 2020 – 10 February 2022.

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- (2) SPI-B: 11 May – 9 December 2022
- (3) Vaccine Science Coordination Group: 6 November 2020 – 3 June 2021
- (4) SAGE sub-group on children and schools: 23 April 2020
- (5) SAGE sub-group on ethnicity: 21 August 2020
- (6) SAGE Task and Finish Group on Mass Screening: 11 August 2020 – 19 August 2020
- (7) Events Research programme Science Board (Department of Media, Culture and Sport): 1/3/21 – 22/10/21

### **3: Overview of involvement in groups between January 2020 and February 2022:**

#### **When and how I became a participant**

- 3.1. I was contacted in early April 2020 by Sir Patrick Vallance and Professor Sharon Peacock, and invited to participate in SAGE. Later invitations to participate in the various SAGE sub-groups listed above at paragraph 2.1 arose during SAGE meetings or through direct approach from the sub-group chairs.

#### **Number of meetings attended**

- 3.2. I believe I attended every SAGE group meeting from 14th April 2020, until its final meeting on 10th February 2022, totalling to 80 meetings.
- 3.3. I also attended the following number of sub-group meetings:
  - (1) SPI-B: 4
  - (2) Vaccine Science Coordination Group: 7
  - (3) SAGE sub-group on children and schools: 1
  - (4) SAGE sub-group on ethnicity: 1
  - (5) SAGE Task and Finish Group on Mass Screening: 2
  - (6) Events Research Programme Science Board (Department of Media, Culture and Sport): 21



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### **My role in providing research information and advice**

3.4. I would describe the role I played in SAGE and its sub-groups as having been to:

- (1) Encourage SAGE participants and sub-group members to pay careful attention to the ethical dimension of their analyses, advice, and decisions.
- (2) Highlight ethical and value questions pertinent to specific advice under consideration and provide analyses of these questions as required.
- (3) Ensure that discussion at meetings paid attention to morally significant considerations. These included equity, social justice, impacts on those who are already disadvantaged, liberty, privacy, the importance of reducing harms, and priority setting questions.

It was also my role to highlight that difficult decisions might be required with regards to these important but sometimes competing values, and to emphasise the need for such decisions to be explicitly justified.

- (4) Respond to requests for discussion papers on ethical questions.
- 3.5. At paragraphs 6.1 to 7.31, I discuss the limitations of this role and about ways in which I think this role might have been more effective as a source of ethics advice to policymakers, and to scientific advisors.

### **4: Summary of documents to which I contributed for the purposes of advising the groups:**

- 4.1. My role on SAGE and its sub-groups was primarily to highlight the importance of consideration of ethical questions and the centrality of value judgements to policy making (See paragraph 3.4). This meant that I had some input into the discussions informing the work of all the sub-groups listed at paragraph 2.1 and the papers emerging from them. I also had input into discussions leading to SAGE advice.
- 4.2. In addition to this I was commissioned to write the following papers on specific issues relating to ethics:

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- (1) A paper on the ‘ethics of emerging from lockdowns.’ I joined SAGE just as the first lockdown was underway. At the time I was struck by the overwhelming focus in policy discussions and in the ethics literature on the requirements for a lockdown to be justified.

Little or no attention had been paid to the ethical considerations of how to lift a lockdown. This paper, written in April 2020, addressed those questions. It is short and relatively high level because I was asked to write a one-page report on this topic. This paper also highlights the more general but important point that policy decisions informed by science always involve the making of value judgements which require justification and with regard to which ethics advice has a useful role to play. ([https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1072226/s0263-ethics-emerging-from-lockdown-290420-sage-30.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1072226/s0263-ethics-emerging-from-lockdown-290420-sage-30.pdf))

- (2) As the issue of ‘immunity certification’ became pressing I facilitated communication between SAGE and the Department of Health and Social Care’s Moral and Ethics Advisory Group (MEAG) to produce a paper on the ethics of immunity certification.

This a paper was co-authored with the chair of MEAG and one of its members in December 2020.

- (3) In February 2021, I was asked to do some blue skies thinking about possible ethical issues that might arise as winter 2021-2022 approached.

The exam question was, ‘If it proved impossible to fully vaccinate the UK population by that time, what would be required for the development of an ethical policy to the management of social distancing?’

The paper is entitled, ‘Lifting social distancing measures and preparing for Winter: Ethical considerations’ and was, I believe, sent to the Cabinet Office.

- (4) In September 2021, I was asked by GO-Science to put together a proposal for how to develop an effective approach to the integration of ethics advice into response to future emergencies (including emergencies with healthcare).

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Drawing on my SAGE experience, this paper is entitled, 'The role of ethics advice on emergencies'.

- 4.3. I do not have links to all of the above documents at present. However, I can take steps to obtain these for the Inquiry if requested.

### 5: Summary of articles, interviews and/or evidence:

#### Articles written prior to becoming a participant in SAGE

- 5.1. Parker M, Fraser C, Abeler-Dörner L, Bonsall D. "The ethics of instantaneous contact tracing using mobile phone apps in the control of the COVID-19 pandemic" *Journal of Medical Ethics* 2020 [doi.org/10.1136/medethics-2020-106314](https://doi.org/10.1136/medethics-2020-106314)
- 5.2. Ferretti L, Wymant C, Kendall M. et al. "Quantifying SARS-CoV-2 transmission suggests epidemic control with digital contact tracing" *Science* 2020 DOI: 10.1126/science.abb6936

#### Articles written whilst a SAGE participant or shortly after

- 5.3. Marteau TM, Parker MJ, & Edmunds WJ. "Science in the time of COVID: Reflections on the Events Research Programme in England" *Nature Communication* 13, 4700 2022. <https://doi.org/10.1038/s41467-022-32366-1>
- 5.4. Parker M. "Should covid vaccination be mandatory for health and care staff?" *BMJ* 2021; 374 doi: <https://doi.org/10.1136/bmj.n1903> (Published 05 August 2021)
- 5.5. Bull S, Binik A, Jamrozik E, Parker M. "SARS-CoV2 challenge studies: risks and ethics (or risk minimisation in context)" *Journal of Medical Ethics* doi: 10.1136/medethics-2020-106504
- 5.6. Parker M. "Ethical hotspots in infectious disease surveillance for global health security: social justice and pandemic preparedness". In Savulescu, J. and Wilkinson, D. *Pandemic Ethics: From COVID-19 to Disease X* Oxford: Oxford University Press, 2022.

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### Podcast

[UCL Political Science Events podcast \(February 2022\)](#)

- 5.7. Policy and Practice: Three SAGES on improving scientific advice to government

<https://ucl-political-science.simplecast.com/episodes/policy-and-practice-three-sages-on-improving-scientific-advice-to-government-EDzwNoDD>

### Contributions to international discussion

- 5.8. In addition to the above publications, I have written several papers on the ethical aspects of the global response to COVID-19 and on infectious disease ethics.
- 5.9. I have not included these here because the question specifies relevance to the UK response. I can, however, provide details if helpful.

## 6: Views as to whether the work of the groups in responding to the Covid-19 pandemic succeeded in its aims.

### Composition of the groups

- 6.1. Overall, I found discussions at SAGE and its sub-groups to be much more sensitive to issues of diversity, social justice, and equity than I had been expecting.
- 6.2. It was very rare for a meeting to take place in which these issues were not discussed. As individuals, the scientists and social scientists on these groups, and the group chairs, were very aware of the importance of paying careful attention to these considerations. This said, genuine expertise on these matters was significantly lacking.
- 6.3. There were three ways in which the composition of committees and the quality and range of expertise were sub-optimal.
- (1) Consequence of a very substantial gender imbalance. Significantly fewer women than men were involved in these discussions.
  - (2) The proportion of participants from ethnic minority groups was also much too small with implications for diversity of experience and perspective.

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- (3) Finally, the groups (or perhaps more accurately, policy makers) had insufficient access to advice informed by expertise in the humanities.

As far as I am aware, I was the only humanities scholar involved in this process. See my comment and suggestions at paragraphs 7.1 to 7.31.

### **The way in which the groups were commissioned to work**

- 6.4. Other than with regards to the caveats above at paragraphs 6.1 to 6.3, I think this process was pretty well-managed.

### **Resources and support**

- 6.5. The support provided to SAGE, and to me personally by the SAGE Secretariat and GO-Science, was outstanding in every respect.

### **Advice given and/or recommendations**

- 6.6. The opportunity for practical ethics advice to be available to policy makers during COVID-19 was unprecedented and to be welcomed. Having said this, the route made available for this had both significant advantages and disadvantages.
- 6.7. The advantages were important. The inclusion of ethics advice into SAGE meant that ethical issues could be identified early in the development of scientific advice and thinking. This meant it was always relevant, informed, and timely. It could also be developed in direct and on-going conversation with those providing scientific advice. A further advantage was that SAGE potentially offered the opportunity for direct ethics advice to policymakers.
- 6.8. I use the term 'potentially' above because the constitution of SAGE as a solely scientific advisory group, together with the mistaken idea that the provision of ethics advice necessarily involved telling policymakers what they ought to do, limited my ability to effectively provide policy makers with tools to enable them to make better informed value judgements.
- 6.9. It was difficult at times to make a convincing case to policy makers that the purpose of ethical advice is not to tell them (or to tell those with democratically elected responsibility) what they should or should not do; rather, it was to provide them with the tools they required for well-informed and carefully considered decision making on moral and ethical questions. My sense was that

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at times ethics advice was not sought because of a misplaced worry that it might be 'directive' i.e. blur the line between advice and policy making.

- 6.10. The role of ethics advice is to delineate the nature and form of the ethical problem, to identify and carefully describe the range of moral reasons that might be relevant to arguments in favour or against available courses of action, and to explore any morally significant broader implications. As with science advice, the aim here is to provide policymakers with the information and analysis needed for effective decision making.
- 6.11. My view is that the advice provided to policy makers by SAGE could have been both resolutely scientific, while at the same time providing policy makers with a broader range of useful and fully integrated tools for effective decision making.
- 6.12. It is my view that this role is best played, at least to a significant degree, by ethics advice embedded in the scientific advisory process. To this extent, my role as a SAGE participant might be seen as an informative pilot study for a future multidisciplinary scientific advisory model.

### **Working effectively together**

- 6.13. The role of SAGE as a clearing house and forum for the consideration of work undertaken by the various sub-groups worked well.

## **7: Lessons that can be learned**

- 7.1. In my comments below I limit myself to those areas in which I consider myself to have relevant expertise. My first set of suggestions at paragraphs 7.3 to 7.24 relate to the appropriate role and limits of ethics advice to policy makers during emergencies.
- 7.2. I follow this with a briefer statement at paragraphs 7.25 to 7.31 about the crucial importance of ensuring policy makers have access to expertise from across the humanities. My suggestions under paragraph 7.3 to 7.24 should be understood in the context of my comments at paragraphs 6.6 to 6.12.

**The role of ethics advice to policy makers in emergencies**

Why ethics advice matters

- 7.3. Effective decision making in the context of emergencies requires policy makers to have timely access to an appropriate range of the best available advice on all matters relevant to the decision at hand.
- 7.4. Historically, priority has tended to be given to scientific, technological, economic, social and behavioural science, legal, and logistical input. Many of the most profoundly difficult policy decisions arising in emergencies are, however, ethical or moral in nature. These are questions about which there will be differing views, and in relation to which people will have competing commitments, values, and interests.
- 7.5. This aspect of policy will also often be high profile and controversial. Successful policy making in emergencies requires these ethical issues to be identified and analysed, and for the results of this analysis to inform the making and the justification of policy choices.

What ethics advice is and is not

- 7.6. The purpose of ethical advice is not to tell policy makers and those with democratically elected responsibility what they should or should not do.
- 7.7. As in the case of scientific advice, its purpose is to provide them with the tools they require for well-informed and carefully considered decision making on moral and ethical questions.
- 7.8. The role of ethics advice is to delineate the nature and form of the ethical problem, to identify and carefully describe the range of moral reasons that might be relevant to arguments in favour or against available courses of action, and to explore any morally significant broader implications.
- 7.9. As with science advice, the aim here is to provide policymakers with the information and analysis needed for effective decision making.

Responsive and proactive modes of advice

- 7.10. Effective and intelligent ethical advice requires two complementary modes of working. The first of these is to consider and provide advice on ethical problems identified as important by policy makers themselves.

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- 7.11. The second involves horizon scanning to identify and bring to the attention of policy makers ethical questions that are thought by ethics advisors to be relevant on the basis of their expertise, experience, and consultations with relevant stakeholders.
- 7.12. It is, of course, not possible to predict with precision the ethical issues that are likely to arise over the course of an emergency at its outset. There is, however, real value in embedding proactive ethics horizon scanning into emergency response at an early stage, to enable ethical issues to be identified in broad terms and for preliminary work to be undertaken to map options and explore relevant moral considerations.

### The importance of a cross-departmental model

- 7.13. It is the nature of emergencies to generate multiple profoundly difficult and time-sensitive problems, many of which will not previously have been encountered in combination. It will rarely be the case that an emergency concerns a single issue or impacts only a narrow area of policy. An infectious disease outbreak will never really be solely a 'health emergency', a cyberattack will never only be a 'data emergency', and the implications of an industrial accident will inevitably reach across many policymaking domains. For this reason, effective ethical advice needs to be able to work across, and act as a resource for, the various parts of government convened in any emergency response.

### Ways in which ethics input has been helpful during COVID-19 and areas for improvement

- 7.14. Ethics input has been available to SAGE since April 2020. This input made it possible for ethical questions relating to science advice to be raised at an early stage, and in an integrated way. This has made an important contribution to the quality of advice.
- 7.15. Most of the scientific advice provided over the period of the Covid-19 emergency has benefitted from the opportunity for at least some discussion of these considerations at SAGE meetings. Key examples have included ethical questions relating to:
- (1) the timing of imposing and lifting lockdowns and other social distancing measures;



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- (2) the opening and closing of schools;
- (3) the Events Research Programme and its implications for opening up sports and cultural venues;
- (4) equity questions and the foreseeable differential impact of measures on those who are already disadvantaged including members of minoritised ethnic groups, women, and those in precarious employment;
- (5) priority setting;
- (6) and the potential uses of immunity certification.

Papers were prepared on a number of these issues.

- 7.16. Whilst the embedding of ethics in SAGE during Covid-19 pandemic has made a valuable contribution, there are number of lessons to be learned from this experience for future emergencies.
- 7.17. The first of these is that embedding ethics input at a much earlier stage in the emergency would have enabled a more proactive engagement with important issues; some ethical questions that generated controversy later could potentially have been foreseen.
- 7.18. A second lesson is that there would be advantage in making ethical advice available as a resource to a wider range of government departments to support connected thinking on ethical questions. Although health was rightly central to thinking, broader engagement with other departments such as education would have been of value.
- 7.19. Third, although the function of SAGE is to provide scientific advice, significant added value could be gained through the availability of a mechanism for the provision of complementary but integrated ethics advice. This would ensure that decision makers were provided with the information and analysis needed for effective decision making on value questions arising out of the various courses of action suggested by the available scientific data. This reflects the fact that making policy decisions informed by science advice always requires the making of (ideally) carefully considered and well-informed value judgements.

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### Some illustrative crisis scenarios where ethical input might be useful

- 7.20. Future emergencies will take many different forms and present a variety of risks. These might include infectious disease outbreaks in humans and animals, industrial accidents, cyberattacks against key assets, or unexpected acute manifestations of climate change.
- 7.21. All major emergencies present novel ethical challenges requiring the attention of policy makers. Perhaps the most obvious kind of problem is the need in any emergency to make priority setting judgements between multiple competing values, commitments, and demands. These decisions are likely to be complex and unique, requiring careful ethical analysis of a significant constellation of value considerations.
- 7.22. At key moments in the COVID-19 emergency, for example, policymakers have been called upon to make value judgements between the competing demands of, among other things, education, social care, the economy, employment, and healthcare.
- 7.23. A second major source of ethical problems requiring attention are tensions between courses of action which scientific evidence suggests will lead to the best overall consequences, and considerations relating to other important values such as those of privacy, personal freedom, respect for religious and cultural practices, and national sovereignty.
- 7.24. Ethics has well-established approaches for working through both these and other value considerations in structured and systematic way to ensure policy makers have the tools they need for effective decision making.

### **The importance of policy makers having access to advice from across the humanities**

- 7.25. During the COVID-19 pandemic, I was the only humanities scholar in a position to contribute to advice.
- 7.26. It is my view that policy makers in future emergencies would benefit greatly from access to expertise from a broader spectrum of humanities disciplines. With regard to this, I would urge the Inquiry to seek input from Dr Molly Morgan

## Questionnaire Response – Professor Michael Parker

Jones, the British Academy's Head of Policy with whom I have discussed this issue.

### Why the humanities?

- 7.27. The pandemic has been extremely dynamic in the spread and evolution of Covid-19 as a disease but also in terms of the complexity of its impacts and the practical and policy decisions needed to address them. An important implication of this is that policy must be developed in a way that addresses the interconnections and interdependencies among the pandemic's impacts, and that this cannot be done by medicine, science and technology alone.
- 7.28. Policymaking needs to employ a broad knowledge base, in particular one which coherently integrates insights from 'Social Sciences Humanities & the Arts for People and the Economy' (SHAPE) disciplines in addition to those from the sciences. The aim should be to actively articulate the social, the historical, the cultural, the behavioural and the economic, together with the medical, the biological and the physical.
- 7.29. All disciplines will bring a wealth of methodologies, findings and contexts capable of informing future policy based on decades of evidence and insight and providing ways to understand uncertainty and communicate risk.
- 7.30. For example, when asked at one point during the pandemic whether historical rates of infection and mortality are distinguishable from those seen for Covid-19, the British Academy's multidisciplinary expert base pointed them to the deeper question of what creates and sustains the inequalities in health and life which underpin the statistics.
- 7.31. Addressing 'geographical' aspects of health inequalities, for example, requires consideration of interactions at different scales (between regions, between towns and cities, between communities etc.), but also between physical, social and political geographies, amongst others. A siloed approach will fail to have sufficient capacity and vision to identify and respond to local needs.

## Questionnaire Response – Professor Michael Parker

### 8: Documents that I hold

- 8.1. I hold email correspondence and draft versions of the papers I have discussed above.