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**From:** WOOLHOUSE Mark [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9C4153BCEE124D7181397F6F48883523-MEJW]  
**Sent:** 27/09/2020 7:02:36 PM  
**To:** SHEIKH Aziz [REDACTED] I&S  
**Subject:** Fw: in strictest confidence

Exchange below in reverse order obviously. One thing to add is that Mike Parker tells me he is quite happy to be quoted on the unequal burden/responsibilities point. mw

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**From:** Daniel.Kleinberg@gov.scot <Daniel.Kleinberg@gov.scot>  
**Sent:** 24 September 2020 13:07  
**To:** WOOLHOUSE Mark <[REDACTED] Irrelevant & Sensitive >  
**Cc:** MORRIS Andrew <[REDACTED] Irrelevant & Sensitive >  
**Subject:** RE: in strictest confidence

Thanks, Mark. For what it is worth, I think a discussion of the evidence around measures to protect the vulnerable, and the ethics of segmentation, sound an important debate. I think the debate has to be what measure of any burden can and should be borne by any segment of the population, rather than whether shielding in the abstract is ethical. I'm sure Andrew will pick up with you directly and I'll mention to Gregor when I speak to him tomorrow.

One of the challenges of science and public health in the public arena is how quickly they become politicised – and how often that is then attached to those doing public work pro bono.

Thanks, as always, for all the work you're doing.

Daniel Kleinberg

I am currently working from home with my family so am working flexibly. Please ring mobile if immediate.

**Daniel Kleinberg**  
COVID Public Health Directorate

Scottish Government, Health and Social Care Directorate

T: [REDACTED] Irrelevant & Sensitive



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@seemescotland. Get involved at [www.passthebadge.co.uk](http://www.passthebadge.co.uk)

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**From:** WOOLHOUSE Mark <[REDACTED] Irrelevant & Sensitive >  
**Sent:** 24 September 2020 12:54  
**To:** Kleinberg D (Daniel) <Daniel.Kleinberg@gov.scot>  
**Cc:** MORRIS Andrew <[REDACTED] Irrelevant & Sensitive >  
**Subject:** RE: in strictest confidence

Daniel,

Many thanks for this. I think this is an important discussion and am copying in Andrew so that he is aware. I am hoping that it will be possible to put it 'on record' in some way.

The first thing to say is that, in my view, the transcripts support your interpretation. The Times article was deliberately mischievous. So that's dealt with.

As you say though, shielding in some form is inevitably going to be a big part of debate about strategy going forward. I think that all involved in that debate – politicians, SG officials and AG members – need to be aware that labelling anyone's research as "unethical" is an extremely serious accusation. It should not be made without compelling cause (and I regret very much that, nonetheless, is had been made by at least one AG member, if not by the FM).

I am, of course, profoundly sensitive to the ethics of any strategy that might be discussed, and particularly one that I put on the table myself. For that reason I have discussed the ethics of segmentation and shielding with Brooke Rogers, Chair of SPI-B and Mike Parker, SAGE member and Director of Ethics Oxford. Mike is perhaps the lead authority on this issue, certainly more so than those who have raised the issue at AG. Mike does not regard the approach as unethical at all, saying that he recognises that there is no way of responding to this pandemic that doesn't have different impacts on different segments of the population. He suspects that shielding in some form will prove to be necessary. That's good enough for me.

I also note that the decision to put shielding policies in place early on in the Scottish epidemic was entirely Scottish Government's with no input from me or AG. There is surely danger in comments that could be interpreted as SG's own policy being "unethical".

I leave it to Andrew's discretion as to whether or not he feels this matter should be discussed at AG.

Kind regards,  
Mark

PS. I am sorry that I was so difficult to get hold of this morning. I was invited by the Director of WHO AFRO to participate in a continent-wide briefing on the state of the epidemic in Africa (which my group has done even more work on that we have done for Scotland – which probably explains why we're all a little tired!).

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**From:** Daniel.Kleinberg@gov.scot <Daniel.Kleinberg@gov.scot>

**Sent:** 24 September 2020 11:09

**To:** WOOLHOUSE Mark <Irrelevant & Sensitive>

**Subject:** FW: in strictest confidence

Mark,

The article appears to be based partly on First Minister's response in Parliament to a question about shielding and her reply to a rather different question from The Times at the daily briefing.

First Minister answered in the chamber a question from Monica Lennon MSP specifically on shielding. The answer is clear that she doesn't agree with completely sealing off older people, which I appreciate is not what you've suggested but has been part of the general debate. First Minister states ethically she believe all age groups need to carry some of the burden, rather than exclusively on the elderly.

♦ **Monica Lennon (Central Scotland) (Lab):**

The First Minister said that she does not believe that asking people to shield again is the best way to secure their safety, given the impact that it would have on their mental and physical health. What evidence has the Scottish Government used to inform that position, and will the learning from that evidence be published? Does that mean that shielding has been ruled out for the future? How does the learning apply to what is happening in our care homes and to young people and children who are in residential accommodation and are not seeing their families very often at the moment?

♦ **The First Minister:**

On the shielding group, we take clinical advice from the chief medical officer and others. In the earlier stage of the pandemic, as we were seeking to develop the route map out of shielding, we were advised by a clinical group, and we continue to take that advice.

We have also heard a lot of feedback from people who have been shielding about its impact on them and what they want. Although this is not its only intended use, the neighbourhood data that I spoke about is intended to provide shielded people with much more visible information about any heightened risk in their areas.

It is a difficult issue. I suppose that the direct response to the direct question is to say that I do not rule anything out. Of course, we will not rule out a return to shielding for any group of people, if we are advised, and consider it to be the case, that it is necessary in order to keep them safe.

For me, the shielding debate goes to the heart of the debate about how we as a country deal with Covid. Right now, some people are of the opinion—they include scientists, and they are entitled to hold this opinion—that we should basically seal off the vulnerable groups in our society, let everybody else live their lives normally and let Covid do what it will do among the healthier population.

I do not agree with that, practically or ethically. We cannot segregate our lives in that way. We live interdependently; younger people live with older people. I also do not think that it is ethically right to expect one group of the population to bear all the burden of dealing with the pandemic. We must all shoulder some of the burden. Ethically, that is important.

I also think that not doing that gives younger and healthier people the misleading message that they are not at risk. They are at lower risk, but they are not at no risk either of dying or—which is perhaps more likely—of infection having serious health implications.

Those are important ethical and practical considerations. It is better that we all try to keep shielded people safe than that we expect them to hide themselves away and take all the impacts while the rest of us go back to complete normality.

That is my view, but, of course, we have to continue to take advice and do what is required in order to keep people safe. That is what we will continue to do.

First Minister also replied to question from Mark McLaughlin of the Times at yesterday's daily briefing which did not accurately reflect her answer the previous day to Monica Lennon.

*Mark McLaughlin*

*Good afternoon First Minister. Yesterday, you said it would be unethical to follow the scientific hypothesis of enhanced shielding put forward by scientists including your own adviser Mark Woolhouse. It seemed like every other week when you were Health Secretary and First Minister, an MSP would come to you about some wonder drug that would extend the life of people, Perjeta for breast cancer, Translarna for muscular dystrophy, Vertex for cystic fibrosis, and you would always say, that is too expensive and normally complain that big pharma was inflating the price of their drugs. And yet for lockdown, young people are paying with their livelihoods in the biggest national debt since the war. So why is it ethical to refuse all these drugs throughout your career, but unethical to make the older population shield and let the younger population mix freely and go on holiday and things like that?*

First Minister

Firstly, that is a completely inaccurate characterisation of the drug's approval process. I don't and never as Health Secretary have taken the decisions in that way. We have an organisation called the Scottish Medicines Consortium which is independent of ministers, which does the health and economic analysis



of drugs and there is a whole range of different processes to come to difficult decisions. Often that involves lots of discussions with pharmaceutical companies about how we get the best price with the best value from drugs. So the way you have characterised the decision-making process there is just flatly wrong. But also, I just think the comparisons you are making are strained, to say the least. Let me give you three examples of why I believe that this suggested approach, which I believe is a minority and I believe even some who it is attributed to, it's probably taking out of context what their view is, but the approach goes, and I'm simplifying here, is that you just basically seal off the older, vulnerable bit of the population, make them live in a completely unnatural way with no contact with anybody else for who knows how long, and the rest of us just get on with our lives. Now, there is a number of problems with that. Firstly, how do we know who to put in that category? Older people, yeah, but who else? Is it people who are overweight? Is it people who have got diabetes? Is it people who have got heart disease? What are the criteria for you to be put in the category over there where you just basically are expected to have no life anymore? That is the first problem. The second problem is that that is not how we live, and how do you achieve that practically? Many of us relatively younger people live with older people. How do you achieve that practically? And then there is the ethical thing. Is that really what we are saying to a significant section of the population? That you just have to shoulder all the burden of this virus yourselves? And then there's the other point, we would be misleading the younger, healthier part of the population into believing that they were not at risk of this virus. Young people are less likely to die, but there is not zero risk of them dying and many young people, and we're hearing these stories all the time right now, are developing what is being called long COVID where, for a long period of time after having it, they have chronic fatigue, they have heart problems, they have kidney problems, gastric problems. I just don't think that stands up to a moment's scrutiny, practically or ethically. We are dealing with an infectious virus here and we are, I am afraid, all in it together and we all have to shoulder a bit of the sacrifice of dealing with it. And what I was saying yesterday was that it will end. This is not going to last forever. Hopefully, science will end it for us or bring it to a much more definitive conclusion soon with a vaccine but until then, we're all going to have to pay a little bit of that sacrifice to get ourselves collectively through it. And I think that is not an easy approach, but it is better than just deciding one section of the population has no life at all in order for the rest of us to live normally, even if that was practically doable, which I don't think it is. Do you want to add any more to that?

At no time does First Minister refer to your work, instead she points to the mischaracterisation and misrepresenting of some suggestions on shielding. Incidentally, my understanding is that other aspects of the question were factually wrong - suggesting that First Minister as health secretary had blocked a drug vertex for Cystic Fibrosis when there is no such drug. Vertex is a manufacturer of CF drugs that are actually available in Scotland.

I hope that this is helpful in setting out the apparent context for the article, and happy of course to discuss.

Daniel Kleinberg

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**Daniel Kleinberg**

COVID Public Health Directorate

Scottish Government, Health and Social Care Directorate

T: Irrelevant & Sensitive



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Regards

NR



Scottish Government  
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NR

| Secretary to the COVID 19 Advisory Group |

I&S

**From:** WOOLHOUSE Mark <Irrelevant & Sensitive>

**Date:** Wednesday, 23 Sep 2020, 7:32 pm

**To:** Kleinberg D (Daniel) <[Daniel.Kleinberg@gov.scot](mailto:Daniel.Kleinberg@gov.scot)>

**Subject:** in strictest confidence

Daniel,

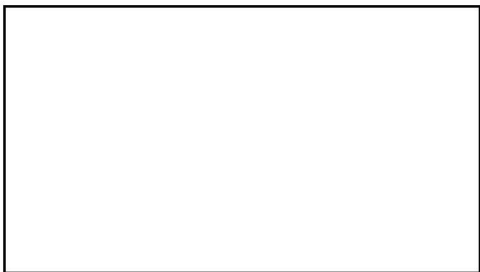
I am getting some follow up interest to this article in The Times (Scotland). As I am sure you'll appreciate, labelling their work 'unethical' is one of the worst things you could possibly say to a public health scientist. However, the article doesn't make the context clear; was the FM responding to a question about my work in particular or something more general?

Are you able to shed light?

Kind regards,

Mark

<https://www.thetimes.co.uk/article/sturgeon-dismisses-unethical-plan-to-make-elderly-isolate-p56k3np9t>



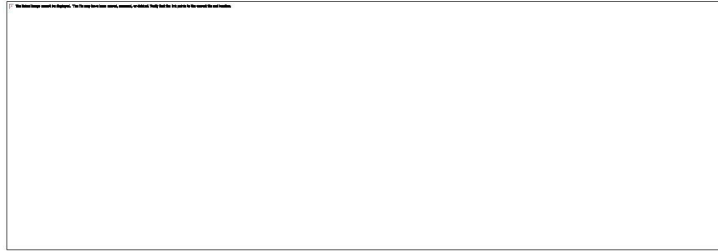
## Coronavirus in Scotland: Sturgeon dismisses 'unethical' plan to make elderly isolate | Scotland | The Times

Nicola Sturgeon has firmly rejected a scientific proposal for "enhanced shielding" from coronavirus that would segregate the elderly and allow the rest of society to get on with their lives ...

[www.thetimes.co.uk](https://www.thetimes.co.uk)

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