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The Cummings effect: politics, trust, and behaviours during the COVID-19 pandemic

On May 22, 2020, *The Guardian* and *Daily Mirror* newspapers in the UK published details of how Dominic Cummings, senior aide to the British prime minister, had broken lockdown rules by travelling 420 km to a family estate with his wife (who had suspected COVID-19) and child. Although some other officials and senior figures had also broken the lockdown rules, this transgression was the first to not immediately be followed by an apology and resignation. The event prompted media condemnation, with concerns about transparency, accountability, and equality,[1] and many scientists spoke out about the effect of Cummings' actions and the UK Government's defence of Cummings in undermining essential public health messaging.[1,2]

It is only now, however, with the benefit of hindsight provided by systematic data, that we can see these negative effects in stark detail. New analyses of 220 755 surveys from 40 597 individuals in England, Scotland, and Wales, completed between April 24 and June 11, 2020, as part of University College London's COVID-19 Social Study, show that these events undermined confidence in the government to handle the pandemic specifically.

We report the change in ratings of confidence in the government to handle the pandemic from the baseline on April 24, 2020 (appendix pp 1–3). Participants from England answered about central government, and participants in Scotland and Wales answered about their own devolved governments. Confidence was measured on a scale from 1 (not at all) to 7 (completely). The sample was well stratified across socio-demographic factors and weighted to population proportions for core demographics (appendix p 9). Starting on May 22, 2020, there was a clear decrease in confidence in England, a decline that continued over the following days. Analyses of data from Google Trends showed that public searches of Dominic Cummings' name peaked 3 days later (May 25, 2020; appendix p 4) when he gave a televised statement. This peak coincided with the steepest decline in confidence in government (appendix pp 1–3).

To ascertain whether this decrease in confidence was as a result of the Cummings events (a Cummings effect), we carried out analyses using two types of comparisons. First, we compared the responses for people living in England to those of people living in the devolved nations of Scotland and Wales who were asked to rate their confidence in their own devolved governments. There was no evidence of a similar large decrease in confidence in the governments of the devolved nations either descriptively (appendix pp 1–3) or statistically (appendix p 5) during the 3 weeks following May 22, 2020. Second, using data from questions identical in format to those about confidence in government, we compared confidence in the health service to cope with the pandemic, and confidence that access to essentials (eg, food and medication) would be maintained during the same time period. There was no evidence of a decrease in confidence in the health system or confidence in acquiring essentials during the same time period, either in descriptive data or when applying statistical tests (appendix pp 1, 2, 5), further showing that the change in confidence in the government was a considerable departure from the weeks preceding the Cummings events.

Public trust in the government's ability to manage the pandemic is crucial as this trust underpins public attitudes and behaviours at a precarious time for public health. Our data show how closely public confidence is related to government announcements regarding COVID-19. After an initial increase in public confidence in the ability of the government to handle the pandemic well between March 21 and March 23, 2020, as lockdown came in, the government's announcement on May 10, 2020, that society would begin to reopen in England through a staged series of lockdown easing measures as part of a new COVID-19 alert level system was followed by a decrease in confidence (appendix pp 1–3). Leaders of devolved governments in Scotland and Wales who expressed concern that these measures were risky and premature and who did not change lockdown measures or messaging did not see any clear decreases in confidence from their public.[3] Data show that confidence stabilised and even improved slightly in England in the fortnight following these events, until the Cummings effect.

This finding is echoed by data from weekly political surveys, which show that confidence decreased with these announcements but then remained stable for 2 weeks until the Cummings events, when confidence suddenly decreased further (appendix p 6).

Another reason for concern is that trust is related to people's willingness

to follow rules and guidelines, both generally and during the COVID-19 pandemic,[4,5] which is fundamental to the control of infection and mortality. There had already been a gradual decrease in public adherence to guidelines before the publicity about Cummings' actions on May 22, but the difference in this decline between England and Wales and Scotland grew in the 3 weeks following (May 22–June 11, 2020; appendix pp 7, 8).

Although, as of June 17, 2020, more than a month has passed since the Cummings events, data show there has been no recovery in confidence in the government, with confidence in England remaining low and gaps between confidence in England and confidence in devolved nations growing (appendix p 8). Trust in government decisions and actions relating to the management of COVID-19 is a major challenge worldwide, and these data show the negative and lasting consequences that political decisions can have for public trust and the risks to behaviours.

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Donation and transplantation activity in the UK during the COVID-19 lockdown

As of May 14, 2020, over 11 000 patients with COVID-19 in the UK were admitted to intensive care units (ICUs), with a median length of stay of 9 days.[1] The COVID-19 pandemic had the immediate effect of severely reducing living and deceased organ donation and transplantation activity, as happened in other countries.[2] On March 23, 2020, the same day that the UK Government announced lockdown restrictions, National Health Service (NHS) Blood and Transplant altered the age acceptance criteria for deceased donors to protect ICU bed capacity and maximise use of organs available for transplantation.[3] The maximum age for donation after brain death was reduced from 85 years to 60 years (increased to age 75 years after April 7, 2020) and the maximum age for donation after circulatory death from 80 years to 50 years. These changes would, in ordinary times, be expected to reduce actual donor numbers by approximately 47%.[3] All potential donors are required to have a negative severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) nucleic acid test nose and throat swab and endotracheal aspirate.[4] Many specialist nurses in organ donation were redeployed to various roles in ICUs and other COVID-19 related projects. Transplant priority was given for patients on the super urgent liver and heart transplantations lists.

We compared donor and transplantation activity during the COVID-19 lockdown period March 23 to May 10, 2020, with the same time in 2019 (appendix p 1). Compared with 2019, the number of deceased donors decreased by 66% and the number of deceased donor transplants decreased by 68%, larger decreases than we estimated.[3] The number of referrals of potential donors decreased by 39%. These decreases might be because ICU physicians did not refer those not meeting the new criteria for donors but might also reflect a reduction in the potential donor pool, with a reduction in trauma and other emergency department admissions of over 50% seen in the UK during lockdown.[5] Families continued to support donation with a 74% consent rate despite the restrictions on them visiting hospital (appendix p 1).

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Abdominal organ transplants, particularly kidneys, were substantially reduced during UK lockdown compared with the same period in 2019, but heart transplants, although reduced, were not as affected, and accounted for 9% of all transplants rather than 5% as in 2019. 79% of organ donors were donors after brain death in 2020 compared with 59% in 2019 (appendix p 1); however, donors after circulatory death continued to contribute to transplantation, including two successful heart transplants.

The relaxation of lockdown coincides with the first steps in donation and transplantation recovery. The upper age limit for donation after circulatory death has been increased to 60 years, three suspended renal programmes have re-opened, and many specialist nurses in organ donation have returned to their usual roles. If we must live with COVID-19 in the future, data on the morbidity and mortality due to SARS-CoV-2 infection in transplant recipients and those awaiting transplantation are needed.