

Beyond what works — in practice

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The plan

- Apply thinking about how decisions are made, and on what information
- Use two examples where the decision was controversial, where the outcome is now (mostly) known, and may well have had negative consequences.

Background to problem 1 — homeopathy and cholera

- The government anticipated the cholera epidemic of 1854.
- It sacked a competent Board of Health and appointed an eminent one.
- This Board produced multiple confused reports that failed to take Snow's observations into account.
- It did produce mortality figures for the London hospitals.

See (Hempel 2014; Paneth et al. 1998).

Background — homeopathy and cholera

In the 1854 Cholera epidemic:

- London Homeopathic Hospital (LHH) : 10 deaths of 61 cases admitted (16.4%) (this information did not appear in the Board's reports).
- Middlesex hospital : 123 / 231 cases (53.2%) (this did appear).

See [this page on the London Homeopathic Hospital \(LHH\)](#)

Your task

Imagine yourself, as far as you can, as being a contemporary of the events, in 1854 and 1855. The epidemic is over, but cholera continues to be a major health risk, of national concern.

- You are the Board. You have the figures for the LHH. You do not believe homeopathy is an effective treatment. Do you release the figures? If so,

why? If not, why not?

- You are an MP. Someone has pointed out the missing figures for LHH. How do you respond?
- You are an administrator in a hospital. The figures are confirmed. How do you respond?

Background to problem 2 — Covid-19 and masks

- Introducing the [Cochrane collaboration](#).
- 2020: [Physical interventions to interrupt or reduce the spread of respiratory viruses](#): “The pooled results of randomised trials did not show a clear reduction in respiratory viral infection ...”.
- Feb 2020 : US Surgeon general tweets “STOP BUYING MASKS! They are NOT effective in preventing general public from catching coronavirus ...”
- March 2020 : Antony Fauci interview on “60 minutes” : [“There’s no reason to be walking around with a mask”](#)

Background 2, continued

- May 2020 : “Some sort of mask-like facial covering ... should be a very regular part of how we prevent the spread of infection”: [Fauci zoom interview](#).
- And on to mask mandates!
- Finally - the [updated Cochrane review](#):

The pooled results of RCTs did not show a clear reduction in respiratory viral infection with the use of medical/surgical masks. There were no clear differences between the use of medical/surgical masks compared with N95/P2 respirators in health-care workers when used in routine care to reduce respiratory viral infection.

Your second task

Assume you share the conclusions of the 2020 and (later) the 2023 version of the Cochrane review about the effectiveness of masks. You are advising Chris Whitty (Chief Medical Officer).

- What recommendation do you give in March 2020? Do you recommend masks? What type? A mask mandate? Why or why not?
- What recommendation do you give in March 2021? Why has your advice changed?

- If your recommendations were different from the ones we saw, why do you think that is?
- What would you have done over that period, to improve your advice, or communication?

For interest — media follow-up

- [Guardian opinion piece](#)
- [Guardian opinion author Lucky Tran’s biographical information](#)
- [Tom Jefferson’s biographical information](#)
- [Discussion of Guardian opinion piece by Vinay Prasad](#)

The end

Materials at <https://github.com/matthew-brett/lis-leadership>.

References

- Hempel, Sandra. 2014. *The Medical Detective: John Snow, Cholera and the Mystery of the Broad Street Pump*. Granta Books.
- Paneth, Nigel, Peter Vinten-Johansen, Howard Brody, and Michael Rip. 1998. “A Rivalry of Foulness: Official and Unofficial Investigations of the London Cholera Epidemic of 1854.” *American Journal of Public Health* 88 (10): 1545–53.