

Seeing through fog — in practice

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Fog

Man proceeds in the fog. But when he looks back to judge people of the past, he sees no fog on their path. From his present, which was their faraway future, their path looks perfectly clear to him, good visibility all the way. Looking back, he sees the path, he sees the people proceeding, he sees their mistakes, but not the fog. . . .

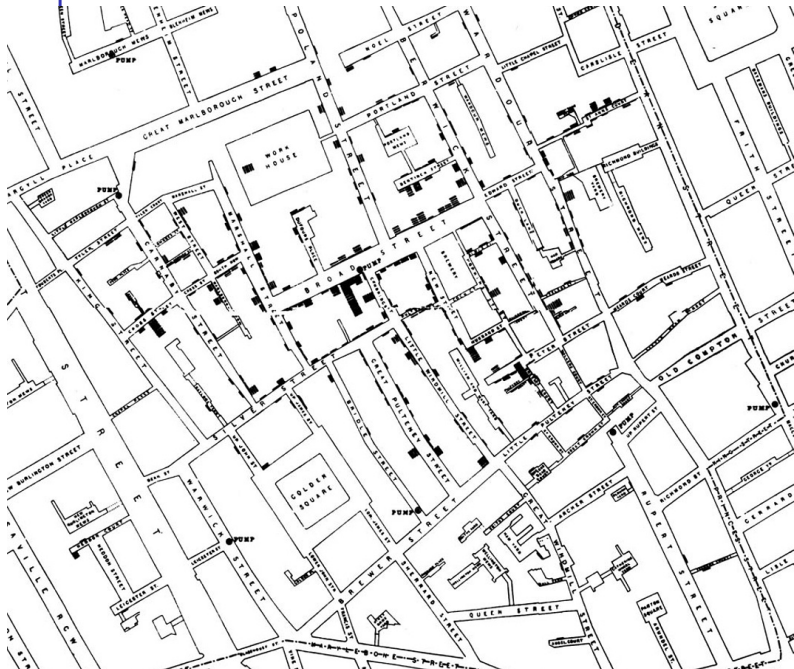
. . .

But for us not to see the fog on [an earlier writer's] path is to forget what man is, forget what we ourselves are. [p 240] "Paths in the Fog", by Milan Kundera, in essay collection "Testaments Betrayed" (1993).

The plan

- ▶ Apply thinking about we make difficult decisions, and on what information, and especially when the information is not yet clearly known or understood.
- ▶ Discuss two examples where the decision was controversial, where the outcome is now (mostly) known, and may well have had negative consequences.
- ▶ Discuss an example from your own practice, where you have to make, or have made a difficult decision under uncertainty, and where you were (likely) wrong.

A recap on John Snow and cholera



The grand experiment

Supply Area	Number of houses	cholera deaths	deaths per 10,000 houses
S&V	40,046	1,263	315
Lambeth	26,107	98	37
Rest of London	256,423	1,422	59

Official response

- ▶ 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.

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

Cholera recap continued

"What does 'contagion' mean? It implies the communication of disease from person to person by contact. [...] There is no end to the absurdities connected with this doctrine. Suffice it to say that [...] there is no proof [...] that there is any such thing as 'contagion'. Infection acts through the air. Poison the air breathed by individuals, and there is infection. — Florence Nightingale"Notes on hospitals" (1863).

Background to problem 1 — homeopathy and cholera

- ▶ The official reports did produce mortality figures for the London hospitals.
- ▶ In the 1854 Cholera epidemic:
 - ▶ Middlesex hospital : 123 / 231 cases (53.2%) (this did appear).
 - ▶ London Homeopathic Hospital (LHH) : 10 deaths of 61 cases admitted (16.4%) (this information did not appear in the Board's reports).

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 healthcare 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?

Problem 3 — your problem

- ▶ In groups, select a particular problem that has come up in your own practice.
- ▶ It could be a problem you have had, or one you have now.
- ▶ Select a problem where there is some evidence, but the evidence is uncertain. For a past problem, you might best choose one where the evidence has since become clear.
- ▶ For best results, chose a past problem where the decision you made was likely or mostly wrong.
- ▶ What information was available? Was it / is it correct? How would you know? How would you do a better / good job of assessing the evidence, given what you know now?

For interest — media follow-up

- ▶ Guardian opinion piece

More information on masks

- ▶ Guardian opinion author Lucky Tran's biographical information
- ▶ Tom Jefferson's biographical information
- ▶ Discussion of Guardian opinion piece by Vinay Prasad
- ▶ The mask debacle
- ▶ CDU monitoring
- ▶ Vaccines hesitancy and Covid

Clinical myocarditis after second dose in 12-17 year old males, after Covid vaccination:

- ▶ 1 in 2,680 after dose 2 in Hong Kong
- ▶ 1 in 2,650 in Kaiser Permanente health system

Subclinical - unknown, but:

- ▶ A Thai study showed 2.3% raised cardiac biomarker or lab study positive after Pfizer vaccination.

See the CDC data on hospitalization rate for Covid in 12-17 year olds

The end

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