

Thoughts on the Motion to Impose a Second National Lockdown

Members of Parliament will vote today whether to support a second national lockdown. These measures will undoubtedly inflict additional economic hardship, increase mental anguish and the loss of lives and livelihoods directly as a result of the policy. On the other hand, the measures offer the prospect that a potential overrun of critical care bed capacity in our hospitals can be avoided.

There have been hours of broadcast opinions; pages of frequently conflicting advice; and multiple projections of varying accuracy regarding responses to COVID given by all sorts of actual, and self-ordained, experts.

In our democratic system however, it is ultimately Members of Parliament who must make the decision about which laws to enact, which restrictions to impose and how much national debt to rack up in our efforts to combat COVID. It is Members of Parliament who rightly should be held to account for these decisions.

On balance, I have decided that I cannot support the motion to impose a nationwide lockdown.

My main arguments are that the measures represent an overreach of government powers in a free society; that alternatives, such as the recently adopted tiered approach, provide a more targeted response which should be given more time; and that the information provided does not demonstrate persuasively that the potential benefits outweigh the costs in lives and livelihoods.

This decision draws on my evolving thoughts on the response to COVID which I have shared on my website: [here](#) on the need for consideration of the broader impact of the Spring lockdown; [here](#) regarding the potential impact on traditional decision making trade-offs caused by the centrality of medical considerations; [here](#) regarding weaknesses in Parliamentary oversight and the overreach of Government; and [here](#) asking for the publication of impact assessments for specific measures taken.

In March, ahead of the Spring Lockdown, I made the following observations in Parliament:

*“Let me give the Minister some suggestions that she may like to pass on to the Government for them to think about in terms of what we might be discussing in six months’ time. First, **we need to set a clear goal**. Secondly, we need to outline the **reasonable, measurable benchmarks needed to show that we are making progress** in achieving that medical goal.*

***We need to explain the exit strategy for our medical plan.** In six months’ time, or at some other time, the Government have to say what considerations they have made if the approach to secure those medical goals has not achieved what they wanted it to achieve, and what the costs and consequences are for the economy.”*

Firstly, the arguments for this second lockdown have not provided sufficient clarity on its goal. Differing views whether the aim is “to reduce R to one”, or “below one”, or “bringing the R number down” are too vague, the measurement itself too unreliable, and the regional variations too significant to be persuasive.

Secondly, with a lockdown making progress towards our collective goal becomes, for most of the population, a passive rather than an active endeavour. Confined to our own home, the exercise of

personal judgement – either in the form of adhering to guidance such as “hands, face, space” or deciding whether to visit an elderly relative - become irrelevant to whether the goal is achieved or not. A lockdown erodes public responsibility yet the millions of daily interactions in a free society rely on these judgements being active. Policy should be reinforcing the role of personal judgements in achieving progress toward our collective goal not side-lining them

Thirdly, there must be considerable doubt still about the exit strategy. We are making progress on medical procedures, on test and trace and on a vaccine, but none of these come with a fixed date by which time an authoritative victory over the virus can be declared. The exit strategy should, in my view, be considered in terms of “living with the virus” as well as in terms of “defeating the virus” and a lockdown is a poor option in pursuit of that strategy.

Overreach of government powers

We are a free country within the law. We are not an authoritarian system: freedoms have been fought for and matter: the freedom to associate, the freedom to worship, and the freedom to trade. Parliament should defend these freedoms not acquiesce in their limitation until all other options have been pursued. Sadly, these measures suggest the government has become too casual in its exercise of powers to restrain our freedoms. It is unacceptable that people should not be able to see their relatives in care homes; that communal worship should be prohibited; and that businesses which have spent considerable sums to make their premises COVID secure should be forced to close in areas where the virus is not prevalent.

Tiered approach and alternatives

The new measures are likely to comprise a series of national lockdowns and releases based on the risk of over utilisation of hospital beds. If “living with the virus” is the basis of our exit strategy, then we should test the proposed lockdown strategy with alternatives.

One alternative is a version of the national lockdown but managed on a regional, tiered, basis: the tiered strategy. This has been recent government policy. The government promises to return to this strategy from December 2nd, or perhaps later, but interestingly the regulations before Parliament revoke, rather than suspend, the regulations that underpinned that tiered strategy. The tiered strategy has been tried in different formats in different areas with varying results judged by changes in infection rates. In my view, the regional tiered strategy has not yet had time to prove itself out. There are reasonable arguments to be made about the financial support provided as areas move into more restrictive tiers but in my view giving this strategy more time is preferable to the national lockdown.

The other alternative comprises a more limited but consistent set of restrictions that place primary reliance on personal responsibility. This fits most naturally with the normal operation of society, however there are specific issues for this to be a secure approach for COVID. COVID is a disease that can present as asymptomatic, is highly contagious and appears to have highly skewed fatality rates for some citizens. The exercise of our personal freedom can create risks to loved ones and can contribute to breaking the societal constraint of the availability of hospital beds.

Our confidence in exercising our freedom without causing undue and unknown risk to others will be significantly enhanced when we have the widespread availability of rapid antigen tests, i.e. tests that we can take regularly that, with high confidence levels, confirm if we have COVID.

The Prime Minister emphasised again his commitment to providing this mass testing capability and he is right that this has the potential to bring us all back together in the shared endeavour to keep the vulnerable safe while going about our normal daily lives, even while COVID is still circulating in our communities. It would be helpful if the government provided a clear roadmap of the progress that can be made, and the benefits that can be gained, from our rapid testing strategy as a result of these lockdown measures.

Information about benefits and costs

I have looked back at the Spring lockdown to see what might be generally agreed as being key lessons learned. I would list seven: the lockdown lasted longer than advertised; the lockdown had greater levels of compliance from citizens than anticipated; our hospitals were not overrun; the lockdown did not “defeat” the virus; the lockdown increased government borrowing by more than £200bn; the lockdown resulted in many people avoiding getting needed treatments; the lockdown increased depression and other wellbeing concerns more than anticipated.

As with March, we should anticipate similar outcomes from this lockdown, yet I am seriously concerned that this almost obsessive focus on the medical response to, and deaths from, COVID combined with lockdowns are creating considerable and still unquantified externalities for the treatment of other illnesses and the emergence of new issues particularly concerning mental wellbeing.

It is a significant concern that the government has not provided Impact Assessments of the economic, health and societal costs and benefits of the measures it proposes. These assessments have their limitations but provide a much-needed discipline on those drafting regulations. Parliamentary oversight, virtually absent during the first lockdown and despite the Brady Amendment not much increased, is rendered even more arbitrary without these fundamental guides to costs and benefits. As most of those providing advice, making decisions and enacting legislation have jobs, incomes and savings that are amongst the most secure shielded from the economic consequences of the enacted measures, such an absence smacks of a shameful disregard for others.

No other medical condition is assessed with the same disparity of costs and benefits with which we have assessed COVID. There is a real, and enduring, loss to society from this intense focus on tackling this one disease – novel and serious though it is. These new lockdown measures reinforce this disparity once more, yet with no detailed assessment and this approach or alternatives published.

Conclusion

As in the Spring, the lockdown measures will pass the parliamentary vote. As in the Spring, I would like to give Ministers some suggestions for what should be accomplished during this time.

Firstly, to operationalise the rapid testing strategy being clear with the public of the constraints and timeline.

Secondly to put COVID in context with other illnesses and diseases by galvanising the NHS to make progress on clearing the backlog of treatments and presenting statistics that broaden understanding rather than reinforce this unique focus.

Thirdly, to restore the traditional disciplines on the scope of government action and by making available the full assessment of policy consequences before judgements must be made.

I am sure we are all irritated that restrictive measures are again being proposed but irritation is not a sufficient basis for a Member of Parliament to oppose them: Members of Parliament have to outline an alternative and be accountable for its outcomes. I believe that the continuation of the tiered approach together with a more assertive move to the widespread availability of rapid and regular testing for all citizens.

Based on information provided and international experience to date, I do not believe that this would result in our hospital capacity being overrun. I do believe it would enable better access to hospitals for other treatments, reduce the impact on jobs and livelihoods and fit more comfortably with our history of liberty under the law. I shall not support this lockdown.