Episode 1 Transcript

Topic: Public Health, Ethics and Law Research Network (PHELN):
COVID-19 Vaccination Programmes in Northern Ireland and the Republic of Ireland
Hosted by: Professor Anne-Maree Farrell
Guest: Professor Mary Donnelly

00:00
Welcome to 'Mason Institute Investigates', a podcast series produced by the Mason Institute, funded by the Edinburgh Law School. In each episode, we investigate current national and global issues involving ethics, law and policy in health, medicine and the life sciences.

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Welcome to the podcast series from the Public Health Ethics and Law Research Network, an academic cooperation between the University of Edinburgh, University College Cork and Queen's University Belfast.

00:32 Professor Farrell:
Hello, my name is Anne-Maree Farrell. I'm Professor of Medical Jurisprudence at Edinburgh Law School. I'm here on this podcast today speaking with Professor Mary Donnelly from School of Law at the University College Cork and we're going to be speaking about COVID-19 vaccination, ethics and practice. Our particular focus will be on developments that have taken place in the UK and Ireland, and we also have a specific focus on North/South issues on the island of Ireland. All the examples we'll be drawing on will be focused on North/South issues on the island of Ireland for a number of reasons. First is a great case study in terms of looking at both commonality and difference in terms of the approach to vaccination policies and how that plays out in practice, but equally Northern Ireland (NI) is required to take account of UK policy-making and practices in the area and the Republic of Ireland (ROI) was, I suppose, subject to regulations that came from the European Union.

So we're looking at both things happening locally as well as beyond the nation state, in terms of working out and examining how ethics in practice happens when you're in the midst of a public health emergency and you're trying to vaccinate your population.

So that's our focus today, I'd just like to hand over to Mary now to introduce herself but also to talk about how we're going to approach the podcast today.

02:04 Professor Donnelly:
Super. Thank you very much Anne-Maree and it's very nice to be here on this podcast. So we've identified pre-issues that we want to talk about. A lot of our thinking in this, I suppose,

has developed from the webinar which we organised, which had speakers from the ROI, with Dr Siobhán Ní Bhriain, Member of the National Public Health Emergency Team (NPHET); we had Patricia Donnelly from NI where she has headed the very successful vaccination programme in NI and we had Professor David Archard, who of course, is the Chair of the Nuffield Council (on Bioethics) Commission. So we've gained a huge amount in terms of our understanding, from those conversations. We've identified three themes which we think came out from a lot of the discussions that we've been involved in.

First is the issue of ethical preparedness. Were and to what extent, Ireland, NI but more generally, the UK and indeed everywhere else – how ethically prepared were we when these incredibly important ethical issues emerged in the context of COVID-19 vaccination programmes? We're then going to talk a little bit about choice and supply and some quite interesting differences which have emerged there between Ireland and NI. Then finally we're going to talk a little about the role of time and temporality and also the ongoing nature of this, it's a dynamic, it's a fluid process, and we'll talk about some developments and of course, these developments will continue long after we talk.

So I'll first turn to you to lead us off on ethical preparedness and some of the main issues which you saw emerging in that regard.

03:55 Professor Farrell:
Yes, it's a very interesting area and it encompasses both values that may underpin particular jurisdictions or countries: social, cultural, a range of issues in that regard, and also geographical as well. But also goes more broadly to questions of how we view each other as citizens; both to broader questions around equality and inequalities that already exist in a given society, but when you have something like COVID-19, when you have a public health emergency, those already existing access problems, inequalities, how we look at citizenship, how we view questions such justice and solidarity, for example, can come to the fore, can be made plain, can be exacerbated in a context of an emergency situation.

One of the key things we wanted to look at, is how did that play out in terms of the COVID-19 vaccination programme? And some of the things that became apparent was that already entrenched in inequalities, whether it's socioeconomic, cultural, racial, ethnicity, presented problems in terms of these particular groups accessing vaccines, and even in being in a space where they wished to do so. So for example, if you've got a particular age group, or a particular gender, or a particular ethnicity that are not used to accessing healthcare services, then it's going to be particularly difficult for you to even contemplate undergoing COVID-19 vaccination. So for example, those in charge of vaccination programmes, were confronting this across the board, you can divide prioritisation groups but you need nuance and you need to be prepared and understand the values and the

inequalities that already exist, to have a range of graduated alternative options that might be time-consuming or high value but you'll ensure that you'll reach that group. Now if you've not done that preparedness before the emergency hits, you're already at a disadvantage, so the whole idea that you can devise a vaccine priority programme without having done that preparedness work is deeply problematic and produces problems with translating your values into practice.

06:28 Professor Donnelly:
And I think that was so clear from the discussion we had, and in some ways, those delivering vaccinations in NI did remarkably well, given how ethically underprepared we were as societies, and I suppose we were fortunate to have cultural careful people to deal with these questions. But that is to some extent, as much good luck. It certainly is not because of a huge amount of ethical preparedness and even thinking about ethical questions. I mean, again we were very fortunate to have Dave talking about the Nuffield Commission and the work that they do. But we don't have an equivalent, for an example, in the ROI - we had a Council of Bioethics that was disbanded back in 2012. That rounding in preparedness, has been something which has very much been absent, and that is one of the winning lessons of the COVID-19 experience in general and indeed specifically with the vaccination programme: is why it is important to think about these things before emergencies arise, before you're get into a situation of emergency.

I suppose one of the things which I found interesting was the different ways in which access issues were dealt with. Patricia Donnelly for example, talked really interestingly about some of the really creative methods which were used in NI and both our speakers talked about this notion of getting the vaccine to the person; she had some very interesting examples of that.

08:23 Professor Farrell:
Yes, and for example, she did provide this example of a middle aged man who is in a socioeconomic deprived area, they're not accessing health services. So even if you set up a pop up clinic at the local pharmacy or in the local town hall, they're still not going to access that. So you have to be able to meet with various people in that community and say, "How do we get that vaccine to them?" Take for example, a range of migrant communities working in meat processing plants on both sides of the border, even highly motivated employers who want their employees vaccinated, but they won't come forward. It was very clear whether it was north or south, they didn't want to be engaged in coercive activity around vaccination, but how do you be sensitive to various communities but also get the vaccine to them? So for example, Patricia Donnelly highlighted that even bringing a pop up clinic to a meat processing plant wasn't delivering on that. So you need to go and talk to those communities; it is time-consuming. But if you can get them to agree and in

that case, she said, they wanted particular representative members of the community to come forward and be vaccinated and if something didn't happen to them, then the rest of the community would come forward. So simply having a top-down motivation is not enough; you needed grassroots, localised approach, pop up clinics and you needed the time and resources to do it. The high value, if you're in charge of vaccination programmes, is you get these hard to reach difficult individuals in communities and it enables you to get a fully vaccinated population, which is the overall aim, but it's not easy. So the whole idea of neutrality, one size fits all, that you can set out neatly, vaccinate this population/that population, it's not how it works in practice and I think Patricia Donnelly also brought that out in relation to how we look at carers.

So how do you define a carer? It covers different age groups, carers often have to go through a huge amount of difficulties even to be recognised as carers; they're often predominantly women, and they have to go through a lot of hoops to be recognised. So getting them to justify themselves again in order to be vaccinated, she wanted some sensitivity in that area, but it took a lot of work: working to get them to come forward; working with other local allied healthcare professionals to identify this group of people; but to be sensitive about how this worked in the social context of NI, was particularly important.

11:06 Professor Donnelly:
And I suppose it is that issue of sensitivity to different religious groups; different cultural groups; different social groupings, and the importance of recognising that and having ways to think about that because again, in terms of preparedness, we were very fortunate there was a degree of sensitivity and an awareness of the complexities of situations, but there could have been a lot more thinking in advance prior to this particular crisis, prior to this particular emergency about engagement, and that I suppose is one of the very valuable lessons though, is sensitivity and understanding.

One of the things that struck out as really positive, is that nobody has a preference for coercion, a real concern of coercion was very strong. And that I think is important, and actually probably really important moving forward, and of course, how the grey space between coercion and vaccine passports, which was something else we talked about, how that space and indeed coercion in particular, work functions and it's quite a complex space and that became very obvious.

But that issue of engagement and of respect, I suppose, the strongest message coming through was the significance of respect for cultural, religious, social situations and a rejection of the top-down model, and that may explain at least some of the success because both sides of the border, I think you'd have to say, the vaccination programmes have been successful in terms of optics.

13:03 Professor Farrell:
Definitely. Certainly they both, Dr Siobhán Ní Bhriain but also Patricia Donnelly, acquainted to the fact that certainly above the over 50s for example, it was hugely successful, they needed to be a bit more nuanced in the under 50s, and look at particularly the young population, 30 and under, how do you get them vaccinated? And the need to, again, knowing respect and risk-benefit calculus is a bit different, as a result, different choice models around vaccination as well, so they were all important considerations.

So you've got that initial stage in an emergency situation, trying to avoid mortality, just get everyone vaccinated, and that was the key thing, to a more nuanced approach, when you've got more time, or you've got different risk-benefit calculations going on. I suppose it might bring us to our second point, around choice and supply and what we both noticed in the presentations as between north and south on the island, is that particularly during the first and second waves, you're looking at supply being a predominant frame structuring the way in vaccination programme in Ireland was taking place. I'm not saying supply was never an issue in the north, but there seemed to be more opportunities to make decisions around choice. And there was a greater availability of Astra Zeneca to get the elderly population vaccinated fairly quickly, whereas, would you agree Mary, it was a bit different in Ireland?

14:47 Professor Donnelly:
I suppose one of the things which we found as we kind of talked through with ethical issues was how many of them came back to the issue of supply, and the ways things panned out. So it did take the vaccination programme longer to roll out in supply terms in ROI and that meant that certain kinds of issues which arose in NI arose in a different way in ROI but then similarly there were issues in ROI which didn't arise at all in NI. So supply was not just an enormous practical issue but it had significant implications for the ways in which issues around choice, issues around availability and issues around prioritisation played out. So as we start with NI, as we say Anne-Maree, you had much less of bottlenecks, there was very clear bottlenecks in ROI and really access was very significant – it continues to be an issue, although that bottleneck has now been very well moved on. But from a NI perspective, I think we would look back to some of the things Patricia talked about, Anne-Maree, it was very much about kind of dealing with waste, ensuring everyone was absolutely obsessed with ensuring there was no waste, which I think was a very legitimate issue, but dealt with in quite different ways in the North and South.

16:29 Professor Farrell:
Yes, so certainly it did come through in Patricia Donnelly's talk that they gave a great deal of prior thought to the issue of waste and they had a graduated incrementalist approach with people on standby, different groups prioritised to ensure nothing was wasted. And something that I've been reflecting on, based on what she talked about, particularly in the

NI context, is that need to be prepared to take into account of different views, of different groups, in NI society. Again we talk about preparedness, well that was there before the pandemic because of the nature of the sectarian conflict, the nature of power sharing in the North, and managing grievance and discrimination as a result and the need to acknowledge importance of equality in that context. So in that sense, you can see that playing out, we may talk about waste, but it was more profound than that in terms of underlying, it was the need to take account of this before you entered into a situation where waste became an issue because what they didn't want to happen was that somebody received a vaccination where they shouldn't have, a group was prioritised over another, this has stronger roots in NI across a range of social, cultural and political issues so they had to think that through in a very detailed way and something that struck me as I was listening to both Dr Siobhán Ní Bhriain and Patricia Donnelly is that the approach in Ireland was a bit different and perhaps you'd like to comment on that a bit more.

18:09 Professor Donnelly:
Yes, and it was very interesting and the way Dr Siobhán Ní Bhriain put it was, we had to learn fast and one of the reasons for that was because there was no policy on waste, remarkable when you think about it, until we had some solidarity challenging events, and there were a couple of events which gave rise to particular concerns, one of which (and at this stage we were vaccinating in hospitals only, so this was way back at the beginning) where excess vaccine was used and at that point it was the child of one of the consultants in a particular hospital who had received a vaccination and that caused huge anger, and there was an example of teachers in a school and the CEO of another hospital receiving vaccination. In both cases it was excess vaccines, but in both cases it caused huge anger because it really challenged that solidarity requirement. I mean people were annoyed that the vaccines were taking a long time to come through but people accepted it on a solidarity basis and on the basis of need but when that got challenged, and when you saw the vaccine being delivered to people that it didn't seem fair, it didn't seem appropriate, there was a lot of real anger, so waste policies which are already put in place in NI. And I think what you said, Anne-Maree, is probably very true, which is that issue of balance in different communities was much more part of the Northern Irish DNA than it was in the Republic, waste policies were put in place but it was interesting that it took some events, some solidarity challenging events to happen before those waste policies were put in place and it does say some interesting things about the two different cultures.

20:27 Professor Farrell:
Yes and something that struck me also with Dave Archard's comments in talking about beyond the UK and NI and into other countries is that broader notion of solidarity underpinned by a broader consensus around justice and when you don't have ethical preparedness then things are left to drift and then you get particular issues such as you

get around waste, as you correctly described it as solidarity challenging, but when that hasn't been agreed, some people are assuming we're all acting in solidarity and yet other groups are saying not. I would say in the north, there's not that assumption of solidarity, that they had to think it through, maybe there was an assumption in Ireland that it would be there but then it wasn't, but then you would have to reset both politically and in your policy making to embed that, which I think as Siobhán said – we learn fast. But again I think we would all agree it's not ideal, that you need to come prepared, but go to bigger issues about how we organise our societies, and what the values are that underpin it and how they link into our broader politics and our governments and I think that's where the connections have not really been made in emergency situations and in the absence of preparedness.

21:47 Professor Donnelly:
Yes I think that's very true, it sort of leaves things bare and I think class was a huge issue in the Irish instance, class of privilege, issues of privilege, so that issue of certain groups being privileged because of their social class and I think that was really important. I think in a sense, it did not cause things to unravel, but I think it might have if it hadn't been dealt with, because similarly, particularly in instances of again– the longer the delay was, the longer people were waiting and we're talking about people here who had been maybe isolating either for themselves or because they were caring for someone, for over 12 months at that stage, so people had really been suffering hardships and it really hurt to see this kind of old style privileging of certain classes. Hopefully that lesson has been learned but it certainly is a lesson that needs to be embedded down in terms of understanding – this wasn't an isolated incident – this was something which speaks, as you say, to much deeper questions about society, and that's very important.

23:15 Professor Farrell:
Yes and I think you bring up an interesting issue that leads into our final area that we want to talk about, which is the time and temporality issue. Again it's a frame that highlights the ethical, social, legal dynamics at stake in the vaccination programmes, so you've got people waiting for 12 months, so there's this long extended time, time passing where they don't engage in their normal average everyday lives and yet they see before them, entitlement. So it highlights already existing inequalities or differences in society through the mechanism of time and it's something that came out in everybody's talking different ways what time meant. If you're running a vaccination programme in NI, Patricia Donnelly would say I didn't have the time I had to get it right at the start and if I didn't get it right at the start in terms of messaging, in terms of identifying vulnerable groups and doing outreach, then I lost that group and I needed to get them back and it was made much more difficult as a result. You didn't have time to waste, you had to quickly change tack as new information came, so that census that we had spoken about of changeability, and needing

to respond to get the messaging right to be transparent to get out there to those vulnerable groups in the interests of the whole population.

24:39 Professor Donnelly:
I mean that was so true and we felt that the whole situation around pregnant women was one of those examples where valuable time had been lost and that again brings us back to other inequalities again when we think of time and one of the issues was dealing with emergencies, questions which arises , which is only an excuse to a certain extent, that there were a lot of other things which created the context for this emergency, so for example the fact that pregnant women were not part of the tested cohort and therefore it was difficult in the clinical trial. They were not part of the development of the vaccine so it then became a much more risky – certainly it was perceived as much more risky, in terms of vaccination of pregnant women and valuable time and support for the vaccine, much more vaccine hesitancy, in evidence among pregnant women, and again messaging there which changed as the understandings developed. But that point that you made which is to get that message out initially, and then things change, it's very difficult to backpedal to get us back to the position we would have been in if that message had not gone out. So that issue of equality and gender, because actually gender cropped up in all sorts of unexpected places. Both in terms of pregnancy but also the manly factor which I think Patricia Donnelly talked about nicely.

26:23 Professor Farrell:
Yes and I think you're right that the messaging is only as good as the prior values and structures and underpinnings that are in place. So if you have a traditional approach in clinical research to exclude pregnant women, then all of that follows through in terms of we can't say whether you should be vaccinated, we're not sure, or yes its ok, we've now finally tested this in clinical research, yes you can be. But again you've already got women bodies in medicine and clinical research and it all follows through in terms of women making decisions for themselves in that broader environment about whether they put themselves forward for vaccination. But there are knock on effects for those groups who for whatever reason due to structure or other inequalities or discrimination may not come forward for vaccination and that can go to things like vaccine passports or immunisation certificates, but if a women who is pregnant decides not to be vaccinated, what are the implications for her employment? Is she required to show that she's now got that passport or certificate? So that whole idea of values and discrimination impacting more broadly that it's not just a question of travel and being vaccinated and being able to evidence that. I mean that is a very much a first world issue as well, there are vast swathes of the population that's not engaged in the sort of travel we are able to do in the developed world, we need to keep that in mind. But the whole idea of declaring yourself as having been double jabbed, is a reflection too of where you're situated as an individual and how yourself,

your body, your community is viewed more broadly in employment space, in travel, in accessing a range of services. For example, with Parks or other leisure venues, if you're not vaccinated, does that mean you're excluded from civil society?

28:37 Professor Donnelly:
And that is a good place for us to bring this discussion to an end. I suppose one of the big lessons which we've learned is how complex vaccination is and how much it tells us not just about its own specifics but also the context in which vaccination takes place, would you agree, Anne-Maree, that one of the big lessons that this shows and shines a light, not just on the processes around vaccination, but on all sorts of processes, all sorts of inequalities, all sorts of access issues, which run far deeper than just the vaccine, which is not to diminish the vaccination the significance of that, but which are far deeper than the vaccination process?

29:29 Professor Farrell:
Yes Mary I would absolutely agree and it provides for a great case study and also looking at the north/south issues of the island of Ireland, a great case study for bigger, more general issues about what we value in our society, and also who we value and how we manage that. So the three issues we highlighted, ethical preparedness, choice versus supply, and time and temporality are really interesting frames in which we've been able to examine those bigger picture issues in the context of the COVID-19 vaccination programme.

So we'd like to bring this podcast to a close, you've been hearing from Professor Anne-Maree Farrell and Professor Mary Donnelly, we are investigators on a project looking at Public Health Ethics Law in the context of a network developing in the UK and Ireland. It's funded by the Economic Social and Research Council as well as the Irish Research Council. This is a great opportunity to examine these issues through the lens of COVID-19 and the vaccination programme, so thank you very much.

30:39 Professor Donnelly:
Thank you very much.

30:43
This has been a production of the Edinburgh Law School at the University of Edinburgh.

30:58
Thank you for listening to this podcast. We hope that you enjoyed it. For further information, check out the links in the shownotes of this episode. Stay tuned for the next episode where Professor Farrell speaks with Dr Alexandra Mullock from the University of Manchester, to discuss Dr Mullock's research into the role of criminal law in managing harm caused by medical doctors. See you next time!

Transcribed by Leyla Noury.