

Testing and Trust

Case study 2: September, 2020

Healthcare worker (Female, 46, White) living in Edinburgh with husband and two children aged 16 and 14. She is not currently routinely tested and is unsure whether family members can be tested through her as a key worker. Her mother and sister have both had COVID-19, and she has underlying fears of being a “super spreader” due to the nature of her work across multiple NHS settings.

Testing process

Stage	Diagnostic Burden
Triage	<ul style="list-style-type: none"> Her daughter develops a cold, temperature and loss of taste after her 16th birthday party with friends. The healthcare worker feels a duty to take her daughter for testing although she is fairly sure this is only a common cold.
Access	<ul style="list-style-type: none"> The healthcare worker enters details into the online platform again and again trying to obtain access to a geographically convenient testing centre. She reluctantly drives 100 miles to Carlisle despite public advice to limit travel in North West England.
Test	<ul style="list-style-type: none"> She expects that the test will be administered by a nurse and is frustrated and disappointed to be given a self-test. Her visit to the test site is a "scary", "stressful" and impersonal experience. Her daughter gags and the mother is not convinced her daughter has taken her own sample correctly.
Results	<ul style="list-style-type: none"> She feels relief to have the negative result the next day, and is confident that they have not exposed friends, patients and colleagues. She compares her experience with those of friends: one parent of a child with autism said they are “not going into the system because it was so stressful and upsetting” for their child and will choose to self-isolate two weeks instead.

“I was pretty sure my daughter just had a cold. But obviously the symptoms were such that you kind of feel like you absolutely have to do your duty, and certainly not spread it to other bits of the NHS. So I was really sure she didn’t have it but it was just the pressure of having to do the right thing.”

“I’ve had friends who have autistic children who have been really distraught by the testing. So the testing, I think, is a shambles, or has been a shambles at times, or they created test centres and then not had them available, and I think the website’s failing (...) But I think the overall strategy and the way that it’s been put out, it feels like they’ve kind of got our best interests at heart.”

Relationships of trust

Case 2 highlights overall trust in the government’s strategy. The healthcare worker is also happy with some aspects of the testing system, such as the turnaround time for test results. But there are also multiple breakdowns of trust: a) in the efficacy of a government testing system which pushes her to break the government’s own guidelines about travel; b) in the accuracy of the self-test, as administered by a non-expert; c) in the wider communal response, knowing that other friends who struggled with the testing process may forgo testing in the future.



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