

Testing and Trust Case study 3: April/May, 2020

Security worker (Male, 33, Pakistani British) living alone in Edinburgh, avoiding family because of the pandemic. He feels highly exposed due to his public-facing role in a shopping centre, but is unsure about who can be routine tested. He is concerned about becoming an asymptomatic spreader, and overwhelmed by the multitude of studies on COVID-19.

Testing process

Stage	Diagnostic Burden
Triage	He decides to get tested for his own peace of mind, to protect colleagues and to feel able to see family.
Access	 He runs a Google search, finds the government website and makes a same day booking for a drive thru test. He selects "Key Worker Other" as his industry isn't listed. He is not currently experiencing COVID-19 symptoms, but confirms that he has symptoms, because otherwise he will be unable to get an appointment.
Test	 He expects, prior to the test, that it will be administered by a nurse. He is given a self-test through the car window. It takes him 10-20 minutes to read through the instructions and try to work out what to do. He does not find sample collection straightforward and struggles to follow the instructions which makes him 'feel like a fool'. Recognising a security colleague he knows, he shouts through the car window to ask for assistance.
Results	Test results are returned in under 40 hours. He trusts the negative result and returns to work the next working day.

"Because no one's ever done it, so you don't know what you're doing at the beginning. You never — it actually took me half an hour to know what I'm doing. You have to read everything over and over (...) To be honest, it just makes you feel like a fool. You don't know what you're doing."

"I think [the government] should have done routine testing or helped the security industry a bit more, because everyone's working – we don't get paid extra, we don't get nothing. We just get the normal"

Relationships of trust

This study participant trusts in tests and in the testing system to protect colleagues and family. But case 3 also highlights multiple breakdowns of trust: a) in the caring nature of a government which fails to sufficiently recognise his role in society and in the COVID-19 pandemic, as revealed by the lack of routine testing for asymptomatic people in high-risk occupations; b) in a self-test method which is framed as simple, but is deceptively complicated, particularly in the absence of trained on-site support; c) in himself as an autonomous and capable citizen.







