

Testing and Trust

Case study 4: August, 2020

Midwife not currently working while caring fulltime for 2 children (Female, 38, White), living in Edinburgh with her children and her husband, who works in business. She suspects the whole family already had COVID at the beginning of lockdown. Her son, who has underlying health conditions and asthma, stays with his father - her ex-husband - one night a week and develops a dry cough shortly after returning to school. Their 'social bubble' is complicated by living with her 'high risk' mother and her children staying between separate households, which makes self-isolation problematic.

Testing process

Stage	Diagnostic Burden
Triage	<ul style="list-style-type: none"> A week into school returning, her son comes home from his father's house on the Saturday with a persistent dry cough. They want to get the all-clear and she books a test online so that he can return to school on Monday and attend his medical appointments at the children's hospital.
Access	<ul style="list-style-type: none"> The testing centre at the airport is fully booked, so her husband drives her son to a testing centre an hour and a half away from Edinburgh on the Sunday evening.
Test	<ul style="list-style-type: none"> The husband arrives expecting someone to swab them, but both he and his stepson are given self-administered tests. He asks how to collect the sample from his stepson and the nurse explains that "it's basically impossible". He returns home dejected saying "it's going to come back negative regardless." The mother is concerned that, if her son needs another test in future, he will "be much more resistant, now that he knows what it's like". She would like to see a test that is much less invasive and easier to administer to children and better preparation for children prior to having a sample collected.

Results	<ul style="list-style-type: none"> • She keeps her son off school and cancels his hospital appointments while awaiting results, which is very disruptive. • The test is negative, but she does not believe it is reliable because of the sample collection difficulties. She has a dilemma that <i>“he’s not symptomatic anymore. It had come back negative, but equally, we don’t totally trust it. Is it socially responsible to be sending him out to the hospital?”</i> • She is concerned about the prospect of a positive result and the implications of self-isolation with dual household living arrangement
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“It is not something that’s straightforward and I do dread the idea of him possibly getting sick at his dad’s and having to quarantine for 14 days there. That, I feel very concerned about. The bubbles are not straightforward. [...] I know families that were having to lockdown and having to self-isolate where there are very concerning home environments for kids and things like that have been a real issue over this lockdown.”

“I think if they were being administered by a nurse, then particularly for children, I’d have a bit more confidence that they were going to be accurate. I think for adults, if it’s well explained and they’re compliant and process the instructions, then I think it’s much more likely to be accurate. But for children, where it’s being administered by a parent, it’s kind of a tough spot to be in, to administer a very uncomfortable, painful test to your own child. So, to do it accurately – even the fact that the nurse said when he was administering them it was incredibly difficult – to then expect parents who aren’t trained to do it accurately – So, leaving it to the parents makes me think that I really don’t believe that they’re accurate”.

Relationships of trust

This case illustrates some of the difficulties described by parents who have to arrange and perform tests on young children. The unexpected experience of performing a ‘traumatic’ invasive procedure on their children can leave parents feeling discouraged and distrustful of results. It also reveals the importance of trust in other members of one’s social ‘bubble’, and some of the dilemmas presented to parents whose children move between households. Despite this study participant’s strong suspicions that the family had already had COVID, her sense of responsibility toward others means she is willing to disrupt living arrangements, hospital appointments, social interactions with family and school attendance until a test result allows these to resume.



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