

Testing and Trust

Case study 5: March, 2020

Postgraduate Student (Female, 32, White) living in a flatshare in Edinburgh. She has a number of underlying health conditions, which make her “anxious” about COVID-19. She regularly uses local testing data to help her make decisions about when to leave the house and where to go.

Testing process

Stage	Diagnostic Burden
Triage	<ul style="list-style-type: none"> The study participant moves into a new flatshare in early March and holds a house warming party after which her flatmate’s partner returns to Canada and tests positive. She develops some symptoms but finds it difficult to know whether they fit the diagnostic criteria or are linked to her underlying health conditions. She suspects that she and her flatmate have COVID-19 based on symptoms and circumstances (living in close contact with a positive case for several days), so they self-isolate and call NHS 111.
Access	<ul style="list-style-type: none"> The NHS call handler tells them not to inform anyone so as ‘not to cause panic’ but they dismiss this: “We decided that would be irresponsible. I felt a responsibility to talk to people to let them know [...] particularly because I had contact with people who have disabilities. They have no access to transport to drive to the testing centre (Western General Hospital in Edinburgh) so a testing team come to the flat in full PPE In May she books another test after experiencing symptoms and has no trouble booking through the online system. In July, she tries to book a test again, but the online system fails to verify her identity and she resorts to calling her GP, who advises her symptoms are non-COVID related.
Test	<ul style="list-style-type: none"> The Home Testing Team performs “a kind of gentle swab”. The nurses are “careful”, “very kind”, and “joke along with us about how awful this is,” which she appreciates. This contrasts with her experience at a drive-thru testing centre in Hull in May, which is much less personal, far more invasive and unpleasant.

Results	<ul style="list-style-type: none"> • The first negative result is confusing as symptoms and circumstances strongly suggest COVID. • Her later experience at a drive-thru testing centre compounds this confusion and makes her question whether the first 'gentle' swab was a viable sample. • Her close experience of COVID-19 testing makes her critical of other peoples seeming lack of concern about the virus.
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"[In March] We got the results back in a little over 24 hours, which was within the time limit they promised us, and then they both came back negative, which was really very puzzling to us. It's still very puzzling to me, like how we came into direct contact with somebody who stayed at the flat, and [...] not to get it seemed really quite wild."

"After testing negative it felt really surreal to be walking around and seeing [...] pubs that are full of people is kind of like, other people had decided nothing was happening. I wasn't really sure why people were acting this way. If they just hadn't been following the news or if there is this kind of cognitive dissonance or [...] it just felt surreal."

Relationships of trust

Case Study 5 shows how uncertainty can arise around guidelines, leading to multiple potential breakdowns of trust. (1) Symptoms can be ambiguous and people evaluate them alongside specific circumstances or anxieties about one's own and others' health to inform decisions about getting a test. (2) Sampling is a key moment where trust in testing can break down. Uncertainty about who should be informed about your test, how to access a test, how sampling should feel can undermine trust in a test result and the competence of the overall testing system. (3) Different expectations of how people should behave in a pandemic can lead people to question their trust in others and undermine a sense of social solidarity.



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