



From across the Ditch: How Australia has to decide on the least worst option for COVID-19

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Tony Blakely (reproduced with permission from the Sydney Mornin

Australia owes a debt of gratitude to its pandemic modellers, public health officials and politicians - we have avoided the explosive beginning of a COVID-19 epidemic that most other countries are now cursed with.

Globally, it looks like - with our ANZAC mates across the ditch - we are advantaged by being at the bottom of the world with a slightly longer time to respond. Without wanting to cheer too early, the daily case notifications out of the state furthest down the path - NSW - are encouraging. The number of locally acquired cases are not increasing (much) in the past week.

If those cases start to track up, and double quicker than every eight days or so, the rest of this opinion article should be dispatched to wrap fish 'n' chips or deleted from your digital files. While I do not have a crystal ball, I do believe that the physical distancing measures are working – we have suffocated the early stage of the epidemic, “squashing the curve” rather than allowing it to increase then flatten.

But what next?

Australia now has the conundrum not afforded most other countries that are trying to slow the epidemic as rapidly as possible, throwing the parachute out the back of the speeding epidemic car, as well as dealing with the health services avalanche.

We have three choices.

First, we can go for the moonshot of elimination (and hunker down until there is a vaccine). The chance of this working is now low, but I am reluctant to take it off the table just yet.

Second, we can continue to squash the curve as we are now. If we do so, we will avoid tens of thousands of deaths – but we have to stay in this state of near-lockdown for as long as it takes to get a vaccine. Anyone who has project-managed a complex project knows it pays to err on the side of assuming things will take longer than the initial best-case scenario – so let's assume it will take at least 18 months, probably more if we allow for other countries having a more pressing need for the vaccine than Australia, time for the vaccine to induce immunity, and so on.

Thus, we have a confronting reality under “squashing the curve” – living in lockdown for 18 months or more. With its attendant social and economic damage to our society and citizens. Unemployment and precarious housing leads to worse health and premature deaths too – possibly more than a pandemic over 18 months.

The third option is to prepare meticulously for allowing the pandemic to wash through society over a period of six or so months. To tool up the production of masks and medical supplies. To learn as quickly as possible which treatments of people sick with COVID-19 saves lives. To work out our strategies for protection of the elderly and those with a chronic condition (for whom the mortality from COVID-19 is much higher).

All of these measures I estimate would lower the mortality by about 75 per cent, compared with just “letting it rip”. Perhaps about 30,000 deaths. Which is still awful. But it needs to be kept in perspective: year in, year out, the tobacco epidemic kills 20,000 Australians (at younger ages than COVID-19 on average); and, as stated, the economic consequences of squashing the curve kill people as well.

I am not advocating this washing-the-epidemic-through option (or what is also called herd immunity). What I am strongly advocating is that Australia uses the next few weeks to deliberate on what we do next. That means pulling back from the (necessary till now) unchecked executive authority of government, and re-instituting parliamentary oversight.

That means liberating the modelling produced by Australia's A-Team epidemic modellers to underpin public discussion. That means citizen participation in deliberations, through mechanisms ranging from talkback radio to citizen juries.

We need to also hear from a wide range of experts to help us deliberate. Philosophers, ethicists, economists, public health experts and epidemiologists – to name just a few.

At the end of this deliberation process, it will necessarily return to the politicians to “make the call”. But they need some sense of societal consent.

Victoria is scaling up ICU capacity to more than 4000 beds – a measure that would allow the washing-through to happen a bit faster with more health services capacity. And the provision of free childcare would pave the way to the young and healthy members of our society (that is, those with young children) leading our relaxing of physical distancing.

Australia is truly the lucky country right now – which blesses us or curses us depending on your view to have this opportunity for decision-making on a scale not seen since World War II. Moreover, it may even “tool us up” as a civil society for improving our decision-making regarding climate change (which will still be there when we get to the other side).

***Prof Tony Blakely is an epidemiologist and public health medicine specialist at the University of Melbourne; and who also continues to work with University of Otago colleagues in Wellington.**

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