

THE ICE-COOL SWEDES ARE RIGHT

There is hard scientific evidence that social distancing and hand-washing work, say Swedish epidemiologists - but lockdowns won't...

The debate about COVID-19 has created fireworks and polemics between stay-insiders, who, as commentator Christopher Snowdon has said, "consider any relaxation of lockdown as tantamount to genocide", and let's-go-outers, who laud Björn Borg, Volvo, ABBA and the more relaxed Swedish approach to the virus.

The public is intelligent and understands, to paraphrase Leonard Cohen, that both sides cannot be wrong. The truth is out there somewhere, but is hidden in a fog by a lack of reliable information and by political and tribal conflict in which heavily doctored evidence has become the norm.

A volte-face by the advisory committee SAGE, and the government, has added to the confusion.

SAGE said in March that it was "unanimous that measures seeking to completely suppress the spread of COVID-19 will cause a second peak".

Research
The committee and the government nevertheless U-turned and sought to suppress the virus, following the publication of disputed research by Imperial College which, according to the Swedish epidemiologist Johan Giesecke, was deeply flawed and "changed the policy of the world", leaving the Swedes in isolation.

Professor Giesecke highlights three fault lines with Imperial's research: it wasn't published "which is normal scientific behaviour"; it wasn't peer-reviewed "which is also normal behaviour"; most important, it greatly overestimated the

severity of the infection by "underestimating the proportion of very mild cases". The UK public's perplexity was further exacerbated by exhortations to 'follow the science' – falsely implying that disputatious scientists had sunk their differences on the subject and were all promoting the same path.

Debate
As anyone running a business knows, experts and scientists promote all sorts of conflicting opinion – and the true gift of leadership is to use common sense and debate to sift the wheat from the chaff.

The same applies to politics: to govern is to choose, according to the political adage.

So, many of us, supported by most world governments, followed the science and bought Diesel cars – only to discover, after a few decades, that the science was cobblers. Indeed, 'following the science' has been, for the last half century at least, particularly hazardous in the pseudo-medical area of dietary advice.

The main advice since the 1970s, swallowed whole by most commentators, academics and the medical profession, has been to avoid or minimise consumption of butter, cheese, eggs and full-fat milk – unfortunately, it would seem that that advice has turned out to be utter cobblers, too, as most people now know.

There has also been a consensus of medical advice that heavy exercise, let's say a daily five-mile run, is healthy, yet that also turns out to be untrue for many – a daily stroll may well be healthier, after all, it seems.

Risking opprobrium from what comedian Ricky Gervais calls the 'outrage mobs', many

observers believe that the Swedes and let's-go-outers are now building a winning position in this fractious debate – not through debating prowess or slogans, but because they're right.

Sweden itself, having avoided a lockdown, is doing well, perhaps better than the UK, Spain and France – and the serious repercussions of the virus there appear to be on the wane.

Stay-insiders counter that Sweden's relative success is due to a less dense population.

However, the US and France both locked down and are both far less densely populated than the UK, yet the severity of their experience with COVID-19 has been similar to our own.

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Conversely, Singapore is far more densely populated, yet has had lower fatality rates.

So, an explanation based on population density makes no sense.

Science
Swedish epidemiologists, like Johan Giesecke and Anders Tegnell, supported by an impressive cast of academics in the UK, the US and elsewhere have argued that following the science means protecting the old and vulnerable, washing hands and social distancing – measures for which there is clear scientific evidence.

There is no evidence, they say, that lockdowns work – when you lift a lockdown, the virus resumes its course, which, in most cases, is mild or asymptomatic.

Indeed, this prediction may explain a resurgence of cases in Australia and New Zealand, once restrictions were lifted.

However, lockdowns invariably cause massive collateral damage, devastating economies, inducing mental illness, reducing treatments for serious conditions and interrupting education.

In addition, if you suppress the virus in one country, as New Zealand has, the Swedes say, you must keep your borders closed indefinitely – not a practical proposition for a successful economy.

So, for many of us, it seems likely that the ice-cool Swedes, who kept their head while others were losing theirs, are right.

Pressure
However, as pragmatists, we don't necessarily blame the government for getting it wrong in backing the Imperial College horse, under the most excruciating pressure.

Ironically, since lockdown has ended, we've broadly followed a course which the Swedes have advocated all along.

As in medicine, business, sport, war or any other field of human endeavour, it's easy to make the wrong move and it's essential to zigzag to the right conclusion.

Most let's-go-outers believe that the government zigged in the wrong direction during lockdown – so, now it's time to zag. Eventually, the fog will lift – and we'll know for sure who's right.

Tim Martin
Chairman

Tim says: "Squabbling scientists, experts and commentators fill newspapers and airwaves with contradictory arguments – this interview on Aussie TV (29 April) with Swedish former chief epidemiologist Johan Giesecke made the most sense to me... and he accurately predicted, in April, the problems which Australia and New Zealand have recently experienced, perhaps through excessive reliance on lockdowns."

Sky News: You've been a strong critic of the idea of lockdowns, Sweden has avoided these sort of lockdowns that we're seeing here in Australia. Tell us your thoughts – are lockdowns the correct way to go?

Johan: You introduced me by saying that I would say that you got it all wrong. I don't think you got it all wrong, but you painted yourself into a corner and I'm watching with interest how you and 100 other countries will climb out of the lockdown, because I don't think any government that I know gave a minute's thought about how they would get out of the different lockdowns that are installed.

Take the school closure for example, if you close the schools, when are you going to open them, what's the criteria?

I don't think anyone thought about that when the closure was decided on. Anyway, so Sweden doesn't have such a strict lockdown, there are a few things that are forbidden – the crowd can't be more than 50 people, at restaurants that are mostly open, there should be 5ft or 1.5 meters between the tables, you have to sit down to eat, there are a few things like that, but rather mild things... there are very few laws and [regulations] passed, you can go out without being stopped by the police and fined or threatened with prison and mostly we talk about trust... we trust the people – people are not stupid.

That's... the basic line [in Sweden]. If you tell people what's good for them and what's good for their neighbours and other people, they do that. You take a restriction that's sensible and understandable, people will follow it.

Sky News: You said that you think the results are going to be similar across most countries regardless of the approach they've taken, can you take us through that?

Johan: There is a tsunami of a rather mild infection spreading around the globe and I think that's there's very little chance to stop it by any measure we take. Most people will become infected by this and most people won't even notice. We have data now from Sweden that shows between 98 and 99 percent of the cases have

had a very mild infection or didn't even realise they were infected. So we have this spread of this mild disease around the globe and most of it is happening where we don't see it.

It's among people that don't get very sick, spread it to someone else that doesn't get very sick and what we're looking at is a thin layer at the top of people who do develop the disease and even thinner layer of people that go into intensive care and then even thinner layer of people who die. But the real outbreak is happening where we don't see it.

Sky News: So....you're saying that at some point pretty much everybody is going to get this disease to some degree or another. Here in Australia we've done an incredibly good job suppressing it.

I'm wondering do you think we've done too good a job, is it possible to do too good a job suppressing it in the early stages such that you won't ever be able to take the foot off the break on your restrictions to get the disease just to a manageable flow of cases that the health system, which we were told this was all about preparing for that, be allowed to handle the cases as they come through.

Johan: Yes... one point is to flatten the curve a bit so that the health care isn't overused. You may succeed, and New Zealand may also succeed, but I've been asking myself when New Zealand or Australia has stamped out every case in the country, what do you do for the next 30 years.

Will you close your borders completely? Quarantine everyone who is going to Australia or New Zealand? Because the disease will be out there. I don't know how you are going to handle that. That's your problem.

Sky News: You've said you think in most countries regardless of the measures we take, eg. Taiwan has been very successful and other countries like Italy have been disaster cases, but you think at the end of the day they're all pretty much going to end up with the same fatalities, the same results, the same deaths regardless of what measures they took. Explain that.

Johan: Yes. Basically I think it will be the same because, like

I said, the real epidemic is invisible and it's going on all the time around us.

The other thing with a lockdown is when you open it, you will have more cases, so the countries who pride themselves in having a few deaths now, will get these deaths when they start lifting the lockdown.

Sky News: Tell us briefly about the Imperial College results that sparked this worldwide panic. You believe they were flawed, these were the initial results that were coming out and the modelling that was saying millions are gonna die.

You thought that was flawed, tell us why.

Johan: Yes, there are a few procedural things... One is that the paper was never published which is normal scientific behaviour.

The second thing it wasn't peer-reviewed, which means it wasn't looked upon by other people, which is also normal scientific procedure.

So it was more like an internal departmental communication, a memo.

And then the big mistake of the Imperial group was underestimating the proportion of the very mild cases that would never be detected, that's the main thing with that prediction.

And it's fascinating how it changed the policy of the world.

The UK made a U-turn overnight [upon] the publication of the paper which is fascinating.

So, yes, there were several other mistakes with the paper, but it gets very technical to get into that.

Sky News: You mention that the overwhelming majority of people that get this disease have no symptoms or very minimal symptoms.

Do we even know the real fatality rate of the coronavirus?

Johan: No. Well it's around 0.1%.
Sky News: We were told it was 3% initially, initially 2%, are you saying now that it's 0.1%, that's pretty much the same fatality rate as the regular flu isn't it?

Johan: I think it's a bit higher actually. I said before in Sweden that this is like a severe influenza. I don't think that's completely true – it will be a bit more severe than the influenza, maybe double, but not tenfold.

Sky News: With all of the health care systems focusing on flattening the curve and being prepared for these waves of infection, which aren't necessarily coming because of the very restrictive measures, overall are we gonna see more people dying, we talked a little bit about this before on the show, of cancers, heart attacks, things like that, simply because they're too scared to go to the hospital because they think they won't get treated. Is there going to be other deaths that are going to be caused by our overweighing focus just on this one particular disease?

Johan: Could well be. The emergency rooms here in Stockholm have about 50% of the usual number of patients coming in, and one reason is probably that people are scared of contracting the disease when they go into hospitals, and another is that, I think, they say they can wait a bit until the thing is over.

Sky News: You've said the best policy, the correct policy, would be to simply protect the old and the frail. Is that correct?

Johan: Yes, and that's the Swedish model. It has... two pillars. One is only use measures that are evidence-based.

And there are two that are evidence-based... one is washing hands... we've known that for 150 years since Semmelweis in Austria a long time ago.

The other is social distancing. If you don't get too close to other people, they won't infect you.

And the third may be trust people.

People are not stupid, if you tell them what's good for them they will do what you say.

You don't need soldiers on the street – and police. It's unnecessary.

● Transcript of interview, Swedish former chief epidemiologist Johan Giesecke, Sky News Australia – 29 April 2020

Note from editor: For a contrary view to Tim's, see comments from Professor Helen Ward of Imperial College on page 64 and from Jim Armitage of the Evening Standard on page 66.