

An inquiry into COVID-19 is needed now

COVID-19 has been notable for England topping the list of European countries for excess mortality.¹ The significant negative implications for the well-being of children have been widely discussed.² Some argue we could never have been fully prepared for an outbreak of a novel infective agent and point to countries like the USA and Brazil that have even worse records. There are, however, many other places with much better outcomes. Doubtless the reasons for this can be debated, but such differences surely lend weight to the call for a national inquiry so that lessons can be learnt.

While the Westminster government considers it too soon to hold such an investigation, respected academics like Richard Horton, editor-in-chief of *The Lancet*, are less circumspect.³ In the last week of January 2020, his journal published five papers from China, including the first description of COVID-19.⁴ These made it clear that national health systems should be urgently preparing for a spike in mortality, yet 3 weeks after the WHO declared a 'public health emergency of international concern', SARS-CoV-2 was assessed by Public Health England as presenting only a 'moderate risk'. It was a full 7 weeks after *The Lancet* papers appeared that the government seemed to recognise the seriousness of COVID-19. Was it persistent underestimation of risk that delayed necessary preparation, including stockpiling personal protective equipment and opening intensive care unit beds? Horton's view is that this represents the greatest science policy failure for a generation.

Public reassurance was given that we were fully prepared for a pandemic despite this contradicting the finding of Exercise Cygnus in 2016.⁵ Early talk of a herd immunity strategy and 'taking the virus on the chin' and letting it move through the population was only abandoned when modelling suggested this would lead to around 400 000 deaths. Both medical advisors and government appeared to misjudge the gravity of the situation, repeatedly stating that all the right decisions had been made at the right time when facts such as the high number of deaths in care homes seemed to refute this. Subsequently, misplaced investment in a dysfunctional centralised and privatised testing and contact tracing system rather than local authority public health teams, NHS laboratories and primary care has contributed to a resurgence of cases and the possibility once again of the NHS being overwhelmed.

Government policy has a profound effect on the health not only of the adult population but also of children. Although the young are less likely to be infected and to have severe disease, disruption to education and social life is causing undoubted psychological harm as well as impairing life chances for many, with a disproportionate effect on the most disadvantaged families. An inquiry into management of the pandemic should be held now—not to apportion blame—but to learn lessons that will prevent further harm to young lives as well as unnecessary deaths in the older population. The focus must be on how to build a more equitable society protected by a resilient NHS.

John W Puntis 

Leeds General Infirmary, Leeds, UK

Correspondence to Dr John W Puntis, Leeds General Infirmary, Leeds LS1 3EX, UK; john.puntis@yahoo.co.uk

Twitter John W Puntis @John Puntis

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests JWP is cochair of Keep Our NHS Public.

Provenance and peer review Not commissioned; internally peer reviewed.

This article is made freely available for use in accordance with BMJ's website terms and conditions for the duration of the covid-19 pandemic or until otherwise determined by BMJ. You may use, download and print the article for any lawful, non-commercial purpose (including text and data mining) provided that all copyright notices and trade marks are retained.

© Author(s) (or their employer(s)) 2021. No commercial re-use. See rights and permissions. Published by BMJ.



To cite Puntis JW. *Arch Dis Child* 2021;**106**:e25.

Accepted 11 January 2021

Published Online First 25 January 2021

Arch Dis Child 2021;**106**:e25.

doi:10.1136/archdischild-2020-320987

ORCID iD

John W Puntis <http://orcid.org/0000-0003-2200-7812>

REFERENCES

- 1 Kontis V, Bennett JE, Rashid T, *et al*. Magnitude, demographics and dynamics of the effect of the first wave of the COVID-19 pandemic on all-cause mortality in 21 industrialized countries. *Nat Med* 2020;26:1919–28.
- 2 Impact of the COVID-19 pandemic on global child health – joint statement. Available: <https://www.rcpch.ac.uk/resources/impact-covid-19-pandemic-global-child-health-joint-statement> [Accessed 17 Oct 2020].
- 3 Horton R. 'The COVID-19 Catastrophe. What's gone wrong and how to stop it happening again'. Available: <https://keepournhspublic.com/review-covid-19-catastrophe/> [Accessed 17 Oct 2020].
- 4 Xiang Y, Zhang Q, Jin Y. Timely research papers about COVID-19 in China. Available: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30375-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30375-5/fulltext) [Accessed 17 Oct 2020].
- 5 Pegg D. What was exercise Cygnus and what did it find? Available: <https://www.theguardian.com/world/2020/may/07/what-was-exercise-cygnus-and-what-did-it-find> [Accessed 17 Oct 2020].