

# Reply to Basseal et al.'s "Key lessons from the COVID-19 public health response in Australia"

Diego S. Silva

University of Sydney School of Public Health, Sydney Health Ethics, Edward Ford Building, Fisher Rd, Camperdown, New South Wales, 2006, Australia



Building from the work of Basseal et al.,<sup>1</sup> it is imperative to acknowledge the ethical values that underpinned Australia's COVID-19 public health response. One example has received scant attention in the literature, namely, ethical issues in disease modelling. The authors note that disease models of risk "...are greatly influenced by their underlying assumptions",<sup>1</sup> but this should also include an examination of the implicit values that underly such assumptions. For example, the Doherty Institute's modelling in August 2021, regarding vaccine uptake and the reduction of SARS-CoV2 transmission, helped shape Australia's federal and states response to lifting lockdown orders. The modelers were guided by the governments' dual objectives of "minimisation of moderate and severe health outcomes" and reducing the burden of "socially and economically disruptive public health and social measures".<sup>2</sup> Stated differently, Australia wanted to minimise the risk of harm from COVID-19, especially in those most vulnerable, while minimising the risk of harm from prolonged lockdowns. Defining and balancing risks of harm requires articulating and justifying why certain risks should be borne by certain people at a given moment in time – these decisions can never be justified empirically, as if

the answer exists 'out there' simply waiting to be discovered. Rather, it requires explicit public deliberation about values. It makes sense that the governments' values should be a key assumption on the part of modelers; however, as Basseal et al. correctly note, these assumptions should be transparent. I think it needs to go one step further: we need transparency – and public debate – about the assumed values that shape the assumptions upon which disease models are constructed.<sup>3</sup>

#### Declaration of interests

I have no conflict of interests to declare.

#### References

- 1 Basseal JM, Bennett CM, Collignon P, et al. Key lessons from the COVID-19 public health response in Australia. *Lancet Regional Health-Western Pacific*. 2022. <https://doi.org/10.1016/j.lanwpc.2022.100616>.
- 2 The Doherty Institute. Doherty Institute Modelling Report for National Cabinet, August 3<sup>rd</sup> 2021. [https://www.doherty.edu.au/uploads/content\\_doc/DohertyModelling\\_NationalPlan\\_and\\_Addendum\\_20210810.pdf](https://www.doherty.edu.au/uploads/content_doc/DohertyModelling_NationalPlan_and_Addendum_20210810.pdf); 2021
- 3 Silva DS, Smith MJ, Norman C. Systems thinking and ethics in public health: a necessary and mutually beneficial partnership. *Monash Bioeth Rev*. 2018;36:54–67.

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E-mail address: [diego.silva@sydney.edu.au](mailto:diego.silva@sydney.edu.au).

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