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# Evidence-based policymaking under exceptional circumstances

JOHAN BRÄNNMARK

Like evidence-based medicine, evidence-based policymaking typically operates under what one might call a *presumption of non-intervention*. In other words, the burden of proof for interventions is balanced so that we need evidence that a policy is effective and beneficial before enacting it, and it is not enough merely that there is no evidence that it is ineffective or harmful. This means, in practice, that the ideal of evidence-based policymaking will underpin an approach to politics oriented primarily towards gradual and incremental reform of our societies rather than radical and comprehensive transformation of them. It also means that the ideal encourages restraint in the political arena, where the demand on politicians, whenever there is a societal problem crying out for a solution, is otherwise typically to *do something now*.

Of course, the expectation that politicians will *act now* tends to become especially pressing in times of crisis, and the recent Covid-19 pandemic has provided a wealth of

examples of governments across the world adopting a variety of drastic measures even when the evidence for their effectiveness, or suitability in a reasonable overall cost-benefit balance, is arguably far from solid. But then perhaps the presumption of non-intervention should be questioned, at least under such circumstances? Under normal circumstances we can be relatively certain that not introducing new policies will simply lead, for the most part, to more of the same, which at least gives us predictability. Yet under exceptional circumstances this is no longer true. Indeed, Greenhalgh et al. (2020) suggest that “in the face of a pandemic the search for perfect evidence may be the enemy of good policy. As with parachutes for jumping out of aeroplanes, it is time to act without waiting for randomized controlled trial evidence.”

The question of how to live by the ideal of evidence-based policymaking even under exceptional circumstances cannot, of course, be fully resolved here. In what follows, we will look, first, at some of the reasons why a presumption of non-intervention is judged to be reasonable, and then at how one might still want to shift the balance of different kinds of evidence, or reasoning, when conditions are exceptional.

### Reasons for a presumption of non-intervention

Why treat non-intervention as the default? To begin with, one might note that human morality in general tends to favor

inaction: More precisely, the duty to not harm others is generally considered stronger, or at least stricter, than the duty to help others. In medicine, for example, this asymmetry is built into Hippocratic medical ethics (even if the maxim *First, do no harm!* is not literally part of the original Hippocratic oath). Contemporary bioethical frameworks often emphasize the difference between duties of non-maleficence and those of beneficence (e.g. Beauchamp & Childress 2019). A consequence of this idea is that a missed opportunity to help is typically not considered to be as bad as a seized opportunity that leads to harm, an asymmetry which arguably makes it reasonable to balance the burden of proof in line with a presumption of non-interference. Additionally, in a contemporary (and highly institutionalized) healthcare context, there are important reasons of cost efficiency to consider. It is just a plain fact that we do not have sufficient resources to provide all the healthcare which, technically, we are capable of providing. For every intervention we do provide, there will typically be some other intervention, or interventions, that we are unable to provide. Accordingly, it becomes important to ensure that we deploy our resources well. And if we have strong reason to think that intervention 1 is effective and only weak reason for believing that intervention 2 is effective, it certainly seem sensible, *ceteris paribus*, to prioritize intervention 1. It should be noted that this kind of assessment is always comparative, so in principle it opens up the possibility of spending our resources in *the least bad*

way. However, in actual practice new interventions will always need to have resources shifted towards to them from existing types of intervention, so there being a certain threshold that evidence for the new intervention needs to pass seems reasonable.

When we turn from medicine to policymaking, and consider what evidence-basing might involve there, things become more complicated. To begin with, randomized controlled trials are often not possible simply because we cannot control the relevant environments well enough, or create experimental settings that are a close enough semblance of reality for us to be able to generalize from them to real-life circumstances. But perhaps an even greater challenge has to do with the interventions themselves. There is what one might call a *problem of multiple implementability*. When we debate policy options, we often consider the alternatives in skeletal form, *types* of policies rather than particular concrete *tokens*. However, in putting policies into practice there will always be an enormous amount of detail making up the exact character of the concrete implementation. Some of the details must be filled in on the political and administrative side, and will depend on the institutional mechanisms available for implementing the policies in question, but many of them will be filled in by the behavior of the general public. Of course, some of these issues arise with medical interventions as well, especially with non-pharmacological ones, but in a policy context they really are quite substantial. For instance,



while a physician may occasionally struggle to communicate with a patient (the risk here being that the patient will not follow relevant advice or instructions), he or she does at least often have the benefit of direct physician-patient contact. The path from policy-maker to individual citizen is considerably more complex, making it much harder to ensure that the policy that is actually put into practice is really the policy that was intended.

The complexity of policy interventions provides an additional reason to take non-intervention as the default. Successful implementation of policies, more or less as they were intended to be implemented, depends both on managing the institutional framework through which the policies will be put into practice, and being able to communicate with the general public and convince them to modify their behavior in accordance with the new policies. The introduction of new policies will thus always involve competing for attention and effort, both in the relevant organizations on which successful implementation depends and among the general public whose behavior is typically the ultimate target of the interventions. This means that not only do we have to be careful how we utilize the available attention and effort at any given point in time, but we also need to be careful about how we tend the capacity for attending to and putting effort into adapting to new policies – too many new policies implemented too rapidly, one after another, could lead to what might be called *intervention fatigue*. There is accordingly a limited space of

opportunity for implementing new policies as intended, and we need to be sure that we use that space well. At the very least, this means we should be careful not to implement too many things at the same time. But we also need to keep in mind that to simply try things out now, without confidence in them as meaningful interventions, is to gamble with, and perhaps fritter away, the available attention and effort that will be there for future policy interventions.

### Making policy interventions under exceptional circumstances

How much does the fact that circumstances are exceptional change the overall picture painted above? Before addressing this question, we need to note that some of the demands presently being made about modifying the way we think about hierarchies of evidence when faced with something like Covid-19 actually involve arguments that have already been made in connection with policymaking under normal circumstances. Partly on the basis of an older debate about the nature of causality, with difference-making accounts competing with mechanistic accounts, some authors have, for instance, suggested that we can distinguish between *statistical* and *mechanistic* evidence (Russo & Williamson 2007), where the former is evidence for an intervention making a certain difference while the latter is about *how* it makes that difference. Grüne-Yanoff (2016) even argues that unless policy is

based not just on statistical evidence but also mechanistic evidence, it cannot really count as *evidence-based*. The main reason is precisely that without a mechanistic understanding of the *how* and not just the *that* of previous policy interventions that have been successful, we will not be able to understand and control the details involved in implementing the policy in a new context. Reservations about this might be reasonable. Perhaps the relevant distinction here should not be drawn in terms of different types of evidence, since we often have a mechanistic understanding of things partly based in statistical evidence (Marchionni & Reijula 2019). What seems clear, however, is that in considering particular policy interventions we often have to balance the more direct evidence for their effectiveness with a general understanding of how our societies work, in particular general knowledge about how things work coming from basic research.

There is no room here to go into the weeds of this particular debate. However, let us grant that we should understand evidence-based policymaking as something that always involves a significant element of mechanistic reasoning (ideally still science-based) in order to deal with at least two issues: the fact that there is often a relative lack of evidence from randomized controlled trials, and the problem of multiple implementability. The question then remains: Should the threshold of support, whether statistical or mechanistic, for particular policy interventions be lowered under exceptional circumstances? There seems little reason ever to do

things blindly, so in practice what this question boils down to is arguably this: To what extent can mechanistic reasoning play a larger role in the design of suitable policy interventions? Should we be more willing to accept interventions that should, or at least could, work *in theory*, even though the statistical evidence for them working in practice, and especially under the circumstances under consideration, is scant? While this is not the place to consider the balance of support in favor of that particular policy, the mandating or recommending of the use of face masks to slow the spread of Covid-19 (which is what Greenhalgh et al. are considering when making the analogy with parachutes) seems to be a clear case where *in theory* widespread use of face masks should be able to promote the desired goal, but where the evidence for it actually doing so *in practice* might not be as solid as we would ideally want.

Now, if we look at some of the reasons touched on above for the presumption of non-intervention, they do seem weaker under exceptional circumstances. To begin with, the underlying asymmetry in which our negative duties are more strongly emphasized is often already seen as, above all, making sense under normal circumstances. Even a theorist like Nozick (1974, p. 29n), who in general argues for the absolute status of our negative rights, opens up for certain exceptions in extreme circumstances (although it should be said that his notion of “catastrophic moral horror” is probably meant to have very limited applicability). Whether the

more practical concerns that point us towards non-intervention as the default are also lessened under exceptional circumstance is a more complex matter. However, at the very least it seems reasonable to think that, in terms of the economy of attention and effort, where policymakers need a certain level of buy-in from organizations and the general public for effective implementation, a larger willingness to put in both the attention and the effort can probably be expected. On the other hand, to the extent that those exceptional circumstances last for a considerable time, it will remain important not to draw on that pool of available attention and effort in ways that undermine future uses of it. This also means that one factor that needs to be considered, in any given country where one is contemplating a particular policy option, is the degree to which there is already a reasonable level of public support for, and acceptance of, the intervention under consideration; or alternatively, if there is little or no support, whether it could likely be secured through feasible pedagogical efforts. If the answers here are negative, implementation is likely to be flawed and contested, and might undermine future efforts to address the issues at hand. While the presumption of non-intervention is arguably weaker under exceptional circumstances, there is accordingly still some reason for why it should remain in play.

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