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Nurses on the wrong side of history: Covid-19 risk minimisation, vaccine refusal and social privilege.

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When the history of our times is written nurses will have earned a central role, but some for the wrong reasons. The past 18 months have provided new insight into contemporary nursing values, many of which have been highly affirmative in nature and evoke pride in a profession that rose to the challenge to provide care whilst in the grip of the global Covid-19 pandemic. As we write, many colleagues are still engaged in this task and many more will have to do so as the global spread of infections continues.

Whilst much of what nurses do and have done will be praiseworthy, other events have proved more troubling. This has included seeing nurses, some in positions of significant influence, using the argument of free speech to call into question, or to overtly undermine or minimise the efficacy of public health guidance intended to protect the majority in each country from the threat of infection. These people walk amongst us, and their influence is as dark as it is surprising. We are aware that this behaviour is not restricted to nurses, as there have been accounts of a range of health professionals who have openly engaged in activities that undermine and contradict public health advice in this time of global pandemic (see for example: Preiss 2021). However, we will focus on this activity, as it relates to nurses and nursing.

From where we are now, this undermining of public health efforts is associated with social privilege and shows scant regard for those who do not enjoy the same level of agency as those who spread disinformation that minimises the risks of Covid-19 and undermines public health efforts. For one thing, the reports we have read are overwhelmingly from nurses in wealthy countries and involve nurses of (relative) privilege and status. These false claims are being made against a stark backdrop of vaccine inequity. Vaccine inequity involves inequitable distribution of vaccines across the world, with wealthier countries having greater access and thus greater protection for citizens (Jackson et al 2021). Even within countries that have been able to secure relatively large supplies of vaccines, inequity of supply within different regions has been noted, and this is most often associated with ethnicity, social status, and other equity issues (Majmudar 2021).

Nurses enjoy consistently high levels of public trust. The trust invested in nursing by the public has been demonstrated over many years (Godsey et al 2020) and it is this trust that is being manipulated to lend a veneer of credibility to disinformation, minimisation of risk and a questioning of the seriousness of a virus that, to date, has taken the lives of more than 2.6 million people, and counting (New Scientist 2021). It is troubling that by promoting their anti-public health views, some nurses have sought to (mis)use their trusted professional identity as nurses (although some are no longer allowed to be on the professional register) through social symbols and other tropes that symbolise nursing, such as the wearing of

nursing uniforms, nursing pins, stethoscopes, or other highly recognisable tropes to lend a semblance of credibility to their denial of the level of risk posed by Covid-19 infection and vaccination refusal (Kelly, Jones, Bennet 2020).

In addition to loss of life, the Covid-19 pandemic has resulted in many other detrimental effects on the health workforce (Maben & Bridges 2020, McCallum et al 2021). It has been shown that levels of stress rose in the British NHS workforce by 40% during 2020-21 (BMJ 2021). Other sources have pointed to the high risk of burnout associated with working at an unrelenting pace during the pandemic (Gemine et al 2021). This is the direct impact of caring for patients and families without any real respite. Furthermore, nurses have had continuing distress associated with directly witnessing large scale loss of life (McCallum et al 2021). This loss of life has included the deaths of nurses, with many directly attributed to the pandemic (Jackson et al 2020).

In this context, the undermining of public health efforts by (thankfully) few nurses and other health professionals is unconscionably reckless and counter-productive to the effort of the wider communities of nurses and support of the populations we serve. This egregious behaviour has manifested in various ways including through social media activities, sharing public platforms with Covid-19 deniers, and calling for the open flouting of public health orders. Fortunately, this behaviour has been restricted to a small number of nurses whose messaging on social media has been countered using a range of strategies including humour to reinforce the risks associated with the pandemic, as well as direct and open rebuttal by other health professionals about the danger of misinforming about the pandemic. This activity is occurring against a backdrop of reports of pandemic-related violence directed towards frontline health personnel (Reliefweb 2021, Larkin 2021, Ford 2021). At least some of the threats and violence against health care personnel are attributed to misinformation and conspiracy theories about the pandemic (Taylor 2020). Concern about abuse and violence towards health workers has resulted in UK-based nursing leaders openly denouncing Covid-19 deniers (Mitchell 2021).

Social media has provided a key platform for those who seek to deny and minimise the realities of the Covid-19 pandemic. These media have been used to share opinion that pushes the free speech argument without being balanced by social, moral or professional responsibility. Whilst those nurses actually on the nursing register, and who do comply with professional standards, have had to endure months of unremitting pressure; those shouting abhorrent views through megaphones and denying or minimising the impact of Covid-19 do so, in our view, to feel recognised. It has become a cause, regardless of scientific fact, that gives them a public profile, and a following, that they would never have gained through their nursing careers. By emphasising the contrarian aspects of their personalities, they seek to gain attention, even using the refusal to wear a facemask becoming an assertion of individualism rather than a behaviour that, even at its most basic, is symbolic of a collective concern for others who are more vulnerable. They are seeking to shock, and by so doing achieve a degree of what they consider to be libertarianism, but history will judge them harshly. It would be something to laugh off if it were not so dangerous.

As each country's health system experiences its own reality of Covid-19, the ongoing denial from some nurses, including misinformation about vaccine safety (even when some

countries still have minimal access for their population) continues. Covid-19 is increasingly being referred to as a disease of the unvaccinated (Andone & Holcombe 2021). What is now so unjust about this reality is that many people have not even had the opportunity to be vaccinated. However, many who are now seriously ill with Covid-19 have made a decision to remain unvaccinated. Vaccine hesitancy is associated with various factors (Burden, Henshall and Oshikanlu 2021); and uncertainty and fear associated with misinformation about vaccination effects undoubtedly plays its part. At the time of writing, intensive care units are full and health staff are again overwhelmed by providing round-the-clock intensive care to (mostly) unvaccinated people. Media reports now highlight persons who have refused vaccination becoming critically ill and even dying (see for example: Ong 2021) and this includes the loss of life in nurses who have refused vaccination because of misinformation (see for example: O'Neill 2021).

This pandemic is far from over. Writing in August 2021, Bump stated:

More than 100,000 Americans were in the hospital receiving treatment for Covid-19 on Wednesday. Nearly 25,000 of them were in intensive care units, fighting for their lives. More than 1,000 Americans lost that fight.

As nurses, we all have a role to play in contributing to the accuracy of evidential information and in challenging misinformation, fabrication of science 'fact' and COVID minimisation propaganda. We also have a role to play in supporting public health efforts to reduce human suffering and death. Nurses who contribute to the spreading of misinformation are not simply counter-cultural, or preserving some warped sense of freedom of speech, as they may prefer to see it, but instead should be called out as the purveyors of spurious and egregious messaging that goes against the moral centre of our profession. They are on the wrong side of history and do not share the values of the majority of nurses; rather they are self-seeking individuals, hungry for attention that will satisfy their own needs. In satisfying such need for attention, lives are being lost and history will be a harsh judge. Perhaps the words of Kazuo Ishiguro in *Never Let me Go* (2005) captures some of this situation:

"You don't have any clear reason, you just do it. You do it because you think it might get a laugh, or because you want to see if it'll cause a stir. And when you're asked to explain afterwards, it doesn't seem to make any sense."

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