Reviewing the Decision-Making Processes During COVID-19

Submission to the COVID-19 Response Inquiry

Prepared by the Centre for Social Impact

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Acknowledgement of Country

In the spirit of reconciliation the Centre for Social Impact acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

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Centre for Social Impact

The Centre for Social Impact (**CSI**) is a collaboration between the Business Schools of four of Australia's leading universities: UNSW Sydney, The University of Western Australia, Flinders University and Swinburne University of Technology. Our purpose is to ignite positive, lasting social change for people and communities through **education**, **research** and **engagement** with not-for-profits, business, philanthropy and government.

Disclaimer

The opinions in this report reflect the views of the authors and do not necessarily reflect those of the Centre for Social Impact.

Introduction

I was part of a team that recently published a piece on ways to improve decision-making processes following COVID-19:

Joyce, A., ███████████████████████████ (2024). What Can Public Health Administration Learn from the Decision-Making Processes during COVID-19? *International Journal of Environmental Research and Public Health*, 21(1), https://doi.org/10.3390/ijerph21010004

Our paper outlines some of the decision-making biases that were evident during COVID-19 policy development and ways these costly biases and decision-making errors could have been avoided. This submission provides a snapshot of some of the main points from the paper.

Decision-Making Biases During COVID-19

In the paper we cite research showing a number of decision-making biases and poor decision-making processes during COVID-19 which were very costly in respect of excessive mortality, morbidity, and economic cost. These include:

- Selective use of evidence to align with prevailing political values.

- Advisory committees that all had similar backgrounds rather than multidisciplinary which encouraged 'group-think'.

- Optimism bias where planning was based on best case rather than worst case scenarios.

- Omission bias where there was a preference to fail through inaction rather than deliberate action.

- Prioritizing actions that were easily visible (treating sickness) rather than actions that were more difficult to visualize such as prevention measures.

- Misperception of case growth as linear rather than exponential.

Human-decision making has many strengths but COVID-19 exposed some of the ways in which the mental short cuts we use to make decisions yielded very poor results. What is required in these situations is strong organisational policies and procedures to ensure there are decision-making processes in place to counter these biases. It seems that in many instances, decision-making processes were sub optimal during COVID-19 and this needs to be investigated.

Reviewing Decision-Making Processes

Nobel Prize winner, ████████████, famous for his work on decision-making writes:

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Kahneman, D. Thinking, Fast and Slow; 1st edition.; Penguin Press: London, 2012; ISBN 978-0-14-103357-0, p. 417-418.

It needs to be determined if 'orderly procedures', checklists, and 'more elaborate exercises' were used during COVID-19 policy development. It would seem from the research that these types of processes were absent in many instances.

When referring to 'more elaborate exercises', ████████ is referring to specific decision-making activities that can be done within meetings or as a sequence of activities. An example of these is the pre-mortem technique developed by ████████. This process involves imagining that the business or project has failed and then coming up with a list of factors to explain this failure. Using a process of hindsight thinking even if imaginary changes the nature of the way risks are assessed and was one of the techniques recommended by Klein during the pandemic.

There are many other structured decision-making processes to minimise individual and social biases which we list in the paper that cover emotional regulation, composition of teams, specific roles in the decision-making process, and problem framing techniques. It is important to understand if any of these best practice decision-making processes were used during COVID-19.

Opportunity for Reform

Decision-making with complex problems will always entail a degree of uncertainty and in these circumstances, employing the best possible decision-making processes is vital. As we write in the conclusion of our paper this inquiry provides an opportunity to review if these types of decision-making processes were used during COVID-19. If it transpires that structured decision-making processes were not consistently used for important policy decisions, then recommendations can be put forward for their implementation in future pandemics and other important public health topics.

For more information about our paper please contact me on the email provided.