

Shielding the Vulnerable from the Coronavirus

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This paper discusses the [Government Policy of shielding in relation to the extremely vulnerable](#). I should disclose as a conflict of interest I fall within that group. I will start with some comments on the use of the word “vulnerable” before discussing the policy of shielding.

Around twenty years ago the word vulnerable was commonly used in Government and legal documents to identify individuals or groups of people who were at risk of harm and so needed to be looked after. That all changed when the 2014 the Care Act removed from the legislative framework for care any reference to vulnerable adults and instead using the language of ‘those in need’. The primary argument in favour of this shift in terminology was that the word vulnerable carried a stigma. Since then the term vulnerability has largely slipped out of the legal lexicon and it now only found in niche areas of the law.

A very different challenge to the concept of vulnerability has come from academic writing promoting the concept of Universal Vulnerability ([Fineman 2008](#), [Herring 2019](#)). This argues that all human beings are in their nature vulnerable. Society and the law may be organised around the image of the autonomous, self-sufficient and independent man, but the reality is that we are all deeply dependent on others; all vulnerable to disease; and all impaired in our decision making. So rather than identifying particular groups as falling short of this idea and therefore vulnerable; we should recognise our mutual vulnerability.

It is, therefore, striking that with COVID-19 we see the resurrection of the idea of vulnerable groups in Government Documents. In fact, the Government guidance defines three vulnerable groups: “the clinically extremely vulnerable” “the clinically vulnerable” and “vulnerable people (non-clinical)” (HM Government 2020).

Shielding

Clinically extremely vulnerable people are required to be shielded. Shielding is like house arrest, but worse. The original Government advice was clear: “you’re strongly advised to stay at home at **all times** and **avoid any face-to-face contact**.” This was updated in June 2020 to state “you’re strongly advised to stay at home **as much as possible** and **keep visits outside to a minimum**.” The guidance does not exactly prohibit you being in the same room as someone else, but you should keep 2 meters from them and keep time spent together to a minimum. You should sleep in a separate bedroom from anyone else and should not use the same bathroom. You are encouraged to eat alone. The guidance seems premised on the assumption you have lavish accommodation including a spare bedroom; a spare bathroom; and rooms with what estate agents call ‘generous proportions’. I believe this guidance makes manifest views about disability, health and the human nature that are profoundly mistaken. I make three points.

We are all vulnerable

It is tragically apparent that everyone is vulnerable to the virus. The government’s policies and the actions of others may make others more or less at risk. The allocation of PPE, government testing policy, the behaviour of those with the virus will render some less vulnerable and others more so. But the virus highlights the fragile status of our bodies. They are dependent on the environment and

on other bodies. To highlight vulnerability resting in the particular bodies of some is to distract from the vulnerability of everyone and the way government policies and social forces generate powerful sources of vulnerability.

We are relational beings

The guidance for shielding is harsh. Partners may not sleep together and should minimise time spent together. Parents should not cuddle their children or hold their hands. Comfort must be offered at a two metre distance. Mealtimes should be solitary. The lifestyle promoted is starkly monastic. Disability campaigners have long argued that disabled people are portrayed as isolated, unproductive and sexless. They are now.

The government advice is based around an image of unencumbered individual who has no responsibilities. The guidance seems written from another planet for the shielded person caring for a parent with dementia; looking after a child on the autism spectrum or living with a partner with depression. It seems based on the premise that the disabled and ill are passive recipients of care and cannot having caring responsibilities of their own.

We are people of relationships. We are people whose selves are constructed through and out of our relationships with others. Requiring people to isolate themselves in this way for months is out of proportion to the risk of associating with members of one's household. Prohibiting physical interaction strikes at our souls.

Health is communal

The guidance is designed to protect and promote health. But it should be noted that it advocates a very old fashioned understanding of health. That is that health it is the absence of a disease or illness, in this case the absence of the virus.

But health is not an individual thing. Robinson Crusoe, living alone on his desert island, might have been disease free, had the most wonderful physique and a BMI to die for, but his loneliness and lack of human interaction meant he was healthy in only the narrowest sense. If we look for a health we should not strive for disease free individuals, but healthy communities and relationships. Healthy communities do not seek to hide out of sight and out of mind "the extremely vulnerable".

Recommendations:

- 1. To ensure advice to shielding people takes account of their caring responsibilities and relational welfare.**
- 2. To ensure pandemic response and recovery measures better accommodate those shielding to promote their wellbeing. For example, if a future lockdown is needed, to provide times of the day when only those shielding are permitted outside.**