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Expertise and Expert Authority

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Transparency about Uncertainty and Vaccine Hesitancy

Public trust in both their government's ability to respond to COVID-19-like pandemics, as well as in their government's scientific agencies evidence-based response, has dramatically decreased during the pandemic, if representative public opinion surveys in OECD countries are anything to go by.[1] Giubilini and colleagues suggest that this can be (partly) explained by a lack of transparency and by these scientific government scientific expert agencies' refusal to publicly acknowledge uncertainty and disagreement among experts when that should have happened.[2] Giubilini and colleagues are right to flag this communication failure, but it remains actually an open question whether or not that is the cause of their reported increase in vaccine hesitancy.

Correlation mustn't be conflated with causation. While there may be good ethical reasons for why such uncertainty and disagreement among experts should have been communicated to the wider public, for one thing, it is actually unclear whether such a public concession would have increased or decreased public confidence in scientific advice or public health policy during COVID-19. It's also unclear whether the demanded transparency – when high compliance rates were considered crucial for infection control purposes by policy makers and the majority expert view – would have hurt or benefited compliance rates.

Relatedly, and I note again that correlation isn't necessarily indicative of causation, Giubilini and colleagues lament that the COVID-pandemic policy response "exacerbated mistrust in vaccines," and link this to declining vaccination rates, implying that there is a causal connection between these two. However, taking their own references, their first one is explicit: "increased hesitancy did not translate into decreased intent to vaccinate with routine childhood vaccines or influenza vaccines."[3] Their second reference

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[1] OECD (2022).
[2] Giubilini et al. (2025).
[3] He et al. (2022).

places most of the blame for declining vaccination rates not on vaccine mistrust, but on millions of children missing their vaccine appointments during the COVID-19 pandemic.[4] Furthermore, what their evidence seems to show is that vaccine hesitancy is strongly correlated with below-average household income, ethnicity and levels of education. There seems to be then a different possible interpretation of the vaccine hesitancy phenomenon in particular: vaccine hesitancy or mistrust doesn't appear to be demonstrably strongly related to skepticism about expertise, but rather it seems plausible that someone with a skeptical predisposition picks and chooses the expert who supports their take on the truth of the matter. It is not a principled stance on expertise, but an opportunistic approach to expert disagreement.

Regardless of disagreement on some of the evidence presented here, and the interpretation of its implications, Giubilini and colleagues certainly have a point when they warn that experts' public display of supreme confidence in their evidence turns into something counterproductive when it becomes clear after the fact that they were mistaken. The public will be less likely to follow their prescriptions the next time around. Giubilini and colleagues mention in passing a very important point: for public health experts to offer sound policy advice to policy makers they needed not only specialist expertise in public health, but also normative competencies necessary for a sound ethical or policy analysis of available policy alternatives. I have argued elsewhere that neither the field of public health, nor principlist public health ethics – for different reasons – offered that kind of expertise during COVID-19.[5]

Expertise: Practically and conceptually

It is arguable that it matters practically for someone to be recognized or respected as an expert authority in an area with public policy import. Giubilini and colleagues might be correct that in such cases it might also matter that one is seen to have particular technical specialist expertise, and also that an expert is someone who is seen to be conscientious in the way how they discharge of their work obligations. And it might also matter for someone in such a situation to acknowledge publicly the limitations of one's expertise, especially in circumstances where uncertainty is high.

However, I am less persuaded by their claim that it matters also conceptually (as opposed to pragmatically) whether someone is an expert in something "that affects the interest of the general public or relevant portions of it"[6] to the question of whether that someone is acknowledged by others to be that expert. I granted already that it might matter practically in policy-sensitive contexts, but conceptually that link seems tenuous. For instance, I could have unrivalled technical expertise in murdering innocent, lovely people without getting caught, and – for obvious reasons – nobody properly acknowledges that expertise. I won't even get too deeply into the question of whether I am also a conscientious expert in murdering people without getting caught, but let's assume that I'm pretty diligent and efficient at it. I am no less of a world-leading expert in this area (murdering innocent

[4] Balch (2022).
[5] Schüklenk (2024).
[6] Giubilini et al. (2025): 8.

people without getting caught) regardless of whether anyone gives me due credit for my technical expertise and conscientious attention to my work. In the same way I could also be a world leading expert in an area of scientific inquiry that has public policy import. My specialist expertise might be acknowledged by a handful of people working on the same issue, but that's where it ends. Nobody outside this circle of subject specialists has ever heard of my research, because – for good reason, given my expertise in biochemical warfare technologies – there is public interest ignorance about my work and my existence. I wouldn't want to have it any other way. The government agency that I work for is keen to keep my expertise and my very existence secret. Surely then, there can be specialist expertise in areas that have public policy implications, and that fly for good reason well under the radar of public attention. The experts working in that area are no less of an expert than those who participate in public debates on biochemical warfare and, for that reason, are known to a wider public and acknowledged to be experts.

I think it matters to separate de facto expertise from the question of whether or not one's expertise is acknowledged by anyone, and from whether one's expertise is duly recognized by relevant parties or the wider public.

Minority View Expertise

Giubilini and colleagues rightly suggest that in the case they're primarily concerned about (COVID-19 vaccination policies for children aged 12-15) the minority expert opinion should have been taken more seriously by policy makers. They point to all sorts of pressures (political, social, financial) that can lead to the problematic appearance of an expert consensus when there is (or should be) no such thing. While that is true – and they bring up Dengue fever vaccination as an example where the minority view apparently turned out to be correct – the interesting question, from a policy perspective, surely is this: when is it reasonable to ignore minority expert views in the context of public health policy development? After all, there will always be someone with a clinical degree of some sort who is opposed to vaccine or blood transfusions or any number of medical interventions that the vast majority of experts consider to be clinically indicated, and that they consider ethically and professionally called for. Unsurprisingly, some of these kinds of experts have historically resorted to nefarious high-profile publicity seeking strategies in order to convert lay people to their cause. Historically that has demonstrably caused significant harm.[7] In the case of HIV/AIDS we had subject experts loudly promoting courses of action that were detrimental to the health and well-being of people who were infected with a life-threatening virus. Deaths demonstrably occurred because these experts succeeded in persuading infected people to refuse life-preserving medical care promoted by the expert consensus view. The same, of course, happened during the COVID-19 pandemic.[8] I'm curious how Giubilini and colleagues think a policy response to such expert conduct should look like. They make a good case to take minority expert views more seriously, but even if one agreed with that, the real question surely has to be where to draw the line under such conduct in order to limit harm to the public good.

[7] Schüklenk (2004).
[8] Robins-Early (2022).

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