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Published: April 20, 2020

Liam Fox: League tables, death rates, bed numbers – and other mistaken media measurements. Let's stick to the facts.

233 comments



By Dr Liam Fox MP (https://www.conservativehome.com/author/dr-liam-fox-mp)

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Liam Fox is a former Secretary of State for International Trade, and is MP for North Somerset.

One of the features of reporting of the Coronavirus emergency has been the tendency to construct league tables that tell us which countries have the highest number of deaths or the highest number of hospital beds or any other number of variables.

Often these are not only hugely inaccurate, but paint a damagingly distorted picture which can influence public opinion and, by doing so, public policy.

One well-established example is to talk about the number of cases in a country, when what is actually meant is the number of cases who have been tested positive for the coronavirus. Often, we have no idea how many cases may genuinely exist, since a significant proportion of the population will not have not been tested at all.

Another is to report the number of total deaths without taking into account the population of the country concerned – which makes comparison almost meaningless.

For example, the United States, with a population of over 300 million people, is obviously going to have more cases than a European country such as Spain, Belgium or Italy with populations of 47 million, 11.5 million and 60 million respectively.

Yet, if we take a standardised measure – deaths per million of the population – we find that it is in fact Belgium that has the highest rate of the major nations with 496, Spain second with 440 and Italy third with 385. France has 288 and the United Kingdom currently has a rate of 232.

The United States, by comparison, has had a death rate of 119 per million population, well below that of most major European nations. This, of course, doesn't stop those who are innately hostile to Donald Trump's administration from ignoring the standardised data. "Attack first, verify later" isn't a trait confined to American politics.

Even these more standardised comparisons are flawed because of the different stages of the pandemic cycle in each country. The true extent of our real differences will only become apparent with time. Rushing to instant judgements on how any country has "performed" runs the risk of both undermining the truth and public confidence.

For example, the low US figure disguises massive discrepancies between New York, the worst affected area, and some of the more rural states – so how is "America" to be judged? In fact, talking about nation states as though they are homogeneous entities often misses crucial differences within those states themselves.

Perhaps the most striking example is Italy. Although the overall death rate for the country is 385 per million, the Lombardy region, which includes Milan and is the epicentre of the European outbreak, has a rate of 1178 while Lazio, which contains the city of Rome, has a rate of only 57.

To talk about whether Italy, treating it as a single entity, has done well or badly is to utterly fail to look at reasons for the underlying differences. These may be related to population density, the age and health of the population or underlying social conditions.



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These regional differences are found in most countries, including the United Kingdom – where London has a death rate per million of 417 (higher than Italy's overall figure) while the South-West has a rate of only 116 (lower than the US).

Most regions sit in the middle, with the Midlands at 265 and the North West at 262. Scotland and Wales sit at the lower end of the spectrum at 164 and 170 respectively. This may be due to any of the factors already mentioned, or the fact that other parts of the UK may simply be lagging behind London in terms of the stage of infection.

Another area of oversimplification is comparing different countries' health systems. One major newspaper ran a piece recently entitled "Oversupply of hospital beds helps Germany to fight virus". It may well be true that German capacity removed the need to alter normal health priorities in order to accommodate the surge of Covid-19 patients. But this can only be a part of the story.

The "oversupply" of beds in the German healthcare system is a controversial subject, with many claiming that, because insurance companies have been paid for bed occupancy, there has been a perverse incentive to keep patients in bed longer than necessary with the consequent need for higher bed numbers.

The key question is whether there is a direct relationship between the number of acute beds (generally measured as per thousand population by OECD) and the number and rate of Coronavirus-related deaths.

It is certainly true that Germany has the highest number of acute beds in Europe with eight beds per thousand population, but Belgium at 5.6 and France at 6.0 respectively have substantially higher death rates than the UK, with our lower bed numbers at 2.5, or the Netherlands at 3.3. Again, far more complex factors must be at work to create this discrepancy.

One statistic that is worth looking at is excess mortality ie the number of deaths above the longer term average for any given time period. Looking at the peak winter months of December to February, the average from 2015-2019 is 146,954. For the three months from December 2019 to February 2020, the last three months available, the number is 147,828.

In other words, the excess mortality over the same period a year ago is 874 deaths. We will need to see what the April figures show to give a comparison with the first quarter average over the past five years, which stands at 151,932.

If the figure is low, the Government will claim that its measures were successful and opponents will claim that it shows the lockdown and the consequent economic cost was unnecessary.

If the figures are high, the Government will claim that the measures taken stop the people from being even higher, but opponents (probably the same ones) will claim that the Government's actions were too little and too late.

The bottom line is that we cannot declare success or failure from a single dataset. To simply choose one factor and imply that it is the key determinant is to create a potentially misleading picture. To be fair to the paper in this case, the story was much more nuanced than the headline.

If we are to have a rational debate about how we deal with the current pandemic and how we learn lessons from it then it must be based on a sound assessment of standardised data. Supposition, insinuation and misrepresentation will not help our understanding of what needs to be done now and in the future and everyone – the media, politicians and any other commentators, including members of the public on social media – need to understand our responsibility in that process.

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 (https://www.intensedebate.com/people/Burt_Wilding) BobSymons (https://www.intensedebate.com/people/Burt_Wilding) · 7


~~There are~~ many fair points here. Dr Fox talks about the importance of infection rates or deaths per head of population. I think it's better to see things as a series of regional outbreaks with massively affected areas and areas which are barely affected at all.

Whilst I support the call of Dr Fox to base management on sound data if we are to follow his suggestions then there would be no opinions or commentary for many months yet.

Presumably the govt has other information available to it which it is using to manage the crisis. Perhaps it would be better if they were a little more open with this information and engaged us like adults?

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 (<https://www.intensedebate.com/people/Shumble666>) Shumble666 (<https://www.intensedebate.com/people/Shumble666>) · 7

~~There are~~ "We are to have a rational debate . . . it must be based on a sound assessment of standardised data." Dr Fox is too experienced a politician to think rational debate possible in an atmosphere of hysteria.

Oddly, one problem is that there with the world shut down there is very little news. Newspapers must fill the space round the ads. That's why we have emotion substituting for story, with reams of nonsense about PPE and reams more about charity "heroes". Meanwhile circulations continue to fall because the public aren't so stupid.

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 (<https://www.intensedebate.com/people/56nowhereman>) · 7 weeks ago

56nowhereman (<https://www.intensedebate.com/people/56nowhereman>)

The most important factor determining differential deaths rates appears to be th initial and early response of the countries governments, in particular early and frequent testing and tracing of contacts. Comparisons of death rates are strait forward, Germany has a population larger than the UK but now has has the infection under control with under 5000 deaths thanks to early and effective action.

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 (https://www.intensedebate.com/people/Peter_Reid) Peter_Reid (https://www.intensedebate.com/people/Peter_Reid) · 7 weeks


~~The~~Therefore, we can conclude from China's data set of 85,000 cases or 57/million and deaths of 4600 or 3/million. It wasn't a big deal for them, what's the fuzz. I have statistical analysis to prove that China did not fuzz the data and suppress figures as widely claimed in media.

Next point, if UK is conducting 20,000 tests per day and 5000+ are COVID cases, why can we conclude that the lockdown has been successful in UK. Wuhan, was locked down on 23 Jan and the curve flattened on approx. 22-24 Feb. UK was locked down on 24 Mar and we are coming close to the 30 days. But still with nearly 6000 cases per day based on 20,000 tests. I can only conclude

that UK was not fully locked down like Wuhan. British people are still allowed out. This has precipitated the mortality rate. Final point, there is no way of sugar coating this Dr. Fox. The UK govt had ample time to prepare. We even promised 100k tests per day but have only delivered on 20k. Our PPE was depleted within weeks and we've been cap in hand to other countries. Our bus drivers were left exposed. Our hero NHS was left to treat with inadequate PPE supplies. You can't fudge your way around the public by pumping stardust is and data at us.

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 (https://www.intensedebate.com/people/blessedmaggie) · 7 weeks ago

blessedmaggie (https://www.intensedebate.com/people/blessedmaggie)

If we are to have a rationale debate, we also need to have some honesty. Dr Fox must realise that if the number of cases was increasing by something like a factor of 4 each week before the lockdown, then every week the government delayed introducing the lockdown, the total number of casualties increased by some similar factor. There is no getting away from that. The Sunday Times assertion that the government was too slow to act, and that this has cost thousands of lives and resulted in even more economic damage is correct,

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 (https://www.intensedebate.com/people/blessedmaggie) · 7 weeks ago

blessedmaggie (https://www.intensedebate.com/people/blessedmaggie)

We might also note that South Korea, who followed WHO advice unlike ourselves, have had only 236 deaths with a population of 51 million. That means our likely standardised death rate will be probably be 100 times worse than theirs. If we accept China's death figure of 5000, with a population of 1.4 billion people, our standardised death rate is likely to be 80 times worse. Given we had their examples to follow/copy in how to deal with the disease, is there any excuse for the appalling outcome in the UK?

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 (https://www.intensedebate.com/people/Incunabulan) Incunabulan (https://www.intensedebate.com/people/Incunabulan) · 7

~~Weeks ago~~ A very good article that gives a much-needed sense of perspective. Those determined to claim that Britain did things worse than everybody else - and unfortunately we always have plenty of them - will, of course, continue to do so.

More interesting was the question about whether Lockdown was even necessary. It was necessary only if one considers that the bed demand shown in the Imperial College study was accurate (more or less). Given that its leader Prof Ferguson was out by a factor of 99.8% over BSE in 1996, totally wrong about Foot and Mouth in 2001 and out by 99.3% over Swine Flu in 2009 when, incidentally, £1.2bn was wasted on an unnecessary vaccine, then it might not be unreasonable to suggest that he could have been out by 90% this time. So even if his notorious 'bed demand curve' was right (doubtful) it still looks unlikely that the NHS would ever have been overwhelmed, in which case Lockdown and the ensuing enormous economic cost was never needed.

Great claims will doubtless be made for the success of Lockdown - looking at the economic cost they will need to be (!) - but they can never be proven, just like the claims that more deaths could have been avoided had we been 'better prepared'. What is not in dispute are the rising unemployment numbers. Not all of them would have been avoided by not introducing Lockdown but the vast majority could. People will be struggling with the hardship that this avoidable unemployment and the associated depression (unprecedented in living memory) will cause to themselves and their families for very many years. There will be no swift recovery, as even the economic optimists are starting to realise.

The government's original, and much-criticised, policy might have been better after all.

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 (https://www.intensedebate.com/people/NorthernTory2) · 7 weeks ago

NorthernTory2 (https://www.intensedebate.com/people/NorthernTory2)

Well in this era of rational debate - the Govt itself stated yesterday it was a world exemplar in its reaction.


It is difficult to have faith in the Govt and officials when all they seem to do at these press conferences is indulge in hubristic non factual statements like that.

Having said that - the Govt has set out on this path it chose to be relaxed about it in Jan and Feb, we still have no system of quarantining and testing people at ports and airports even now - so essentially have just let people in with no knowledge of infection. Now we have lockdown tanked the economy and have very little sign that this is actually working. No discernible reductions in new cases or deaths.

Way to go.....

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 (https://www.intensedebate.com/people/Beebtax) Beebtax (https://www.intensedebate.com/people/Beebtax) · 7 weeks ago

A lot of us must be tearing our hair out at the meaningless statistics being thrown around. Government, experts and the media have their own agendas. They hold the public in varying degrees of contempt. Each of us has to do his or her best to critically appraise what they are feeding us.

Reply

Report

 (https://www.intensedebate.com/people/mickmcmanus) · 7 weeks ago


mickmcmanus` (https://www.intensedebate.com/people/mickmcmanus)

Good sense at last and backed up with simple arithmetic anyone could do for themselves but won't.

No surgery is more painful than having a prejudice removed even from those whose whole lives are anaesthetised.

Reply **5 replies** · active 7 weeks ago

Report

 (<https://www.intensedebate.com/people/rjc65>) rjc65 (<https://www.intensedebate.com/people/rjc65>) · 7 weeks ago

Lies, damned lies and statistics eh.

Whilst there is much that is obviously true about this article, it can't hide the fact that some countries have dealt with the crisis better than others. Why would the EU President for example apologise to Italy for the lack of help the EU gave Italy by abandoning it to its fate if Italy had dealt well with the crisis. Similarly, there are lessons to be learnt for all countries from this crisis and the article seems to be in denial about that. I think it's hard to make an argument that Italy, Spain France and Belgium have dealt well with the crisis - hospitals overrun, people dying untreated in corridors etc. Similarly, it's hard to argue Germany and South Korea haven't dealt with the crisis well.

Frankly, the U.K. has done pretty well in my view but started from a very weak base with poor preparedness and suffered from very inadequate test, track and trace initially.

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Report

 (<https://www.intensedebate.com/people/lamBritish>) lamBritish (<https://www.intensedebate.com/people/lamBritish>) · 7 weeks ago

The government's first duty is to protect its citizens and borders. The government is failing monumentally by placing its citizens under house arrest while keeping its borders open, thus creating a very fertile breeding ground for the virus to attack the population.

In this respect alone, there is absolutely no excuse for their dereliction of duty to the people of this country and they should be made to answer for this, and please do not put the hideously useless Mr Hancock at the podium to tell us that we should stay under house arrest and that our open borders are no threat to the wellbeing of this nation. That is a contradiction if ever there was one.

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 (<https://www.intensedebate.com/people/Cottonmalone>) Cottonmalone (<https://www.intensedebate.com/people/Cottonmalone>) · 7 weeks ago

Cottonmalone (<https://www.intensedebate.com/people/Cottonmalone>)

Take all statistics with due context is a valid approach. Dr Fox omitted to note that for instance Belgium includes both deaths in hospitals and residential homes in their figures, whereas the UK does not. That changes any comparison significantly as only 45% of deaths were in hospitals and 51% in residential homes (the other 4% not listed). That gives a very different picture, but this all made insufferable by the insistence by some in government that the UK has to be best at everything, when this is clearly nonsense.

The latest Belgian figures are <https://www.brusselstimes.com/all-news/belgium-all-news/107035/coronavirus-belgium-reaches-38496-confirmed-cases/>

This article explains the Belgian anomaly <https://www.politico.eu/article/why-is-belgiums-death-toll-so-high/>

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Report

 (<https://www.intensedebate.com/people/DSW0>) David Webb (<https://www.intensedebate.com/people/DSW0>) · 7 weeks ago

Excellent article by Dr Fox. The comparison between the death rates in Lombardy (1178 per million) and Lazio (57 per million) is particularly striking.

The mortality statistics in Europe contain many mysteries - ECDC's global table is here <https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases/>. Total populations aren't shown in the table, but I've taken them into account here.


Germany has 'performed' very well in comparison with its neighbours to the west (Netherlands, Belgium, France). However it has done very badly compared to its neighbours to the east (Poland, Czechia).

Meanwhile Portugal has done very well in comparison with Spain.

Covid-19 is a very tricky foe. Dr Fox's final paragraph should be printed in large letters and pasted to that Downing Street podium. As he says, "Supposition, insinuation and misrepresentation will not help our understanding of what needs to be done now and in the future."

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 (<https://www.intensedebate.com/people/malkyd>) malkyd (<https://www.intensedebate.com/people/malkyd>) · 7 weeks ago

What an interesting article with which I concur wholeheartedly. One country I know a bit about is Mexico as I have many relatives there. They are claiming about 6,000 cases and 550 deaths. No one believes these figures have any credibility at all. In Mexico City few people are self isolating as many people cannot afford not to work.

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Report

 (<https://www.intensedebate.com/people/EMTurner>) EMTurner (<https://www.intensedebate.com/people/EMTurner>) · 7 weeks ago

Well said Dr Fox, good article.

Everyone, the world over is working their way through this. Lessons can be learned afterwards... but I am not sure funding the NHS to the tune the Germans do with spare capacity will be the way... because we don't have insurance as I think they do in most countries in Europe.

Would things change if we dared to say take out insurance which will not increase with age or debility so that we can all have better care going forward? I can already hear the screams and maybe that would need to be something a new Tony Blair (not a Labour nutter, but dynamic, close to the centre, with a large majority) could bring in? Because for sure, I don't think it is one of those things the Tories dare do.

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 (https://www.intensedebate.com/people/Call_me_Virgil) · 7 weeks ago

Call_me_Virgil (https://www.intensedebate.com/people/Call_me_Virgil)

If this government wants to move the debate to the rational then it must publish the results of the population surveillance tests that are being conducted. See <https://www.gov.uk/guidance/coronavirus-covid-19-...> (<https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public>)

The lockdown policy was based on the best available data at the time. Time has moved on we should be using better data and we need to know what lies ahead. These data will lay to rest the much of the febrile speculation

No doubt greater accuracy will come with larger numbers but I can see know reason why we can't see the data now. Start treating us like adults.

Reply

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 (<https://www.intensedebate.com/people/QuestionFizz>) QuestionFizz (<https://www.intensedebate.com/people/QuestionFizz>) · 7 weeks ago

~~Who cares?~~
I am reminded of a poster in a shop window near me: "No Deal = No Problem".

Of course the poster is factually inaccurate and light on detail -to the point of having zero details - but as Team Leave might say: "Who even cares?"

Reply **1 reply** · active 7 weeks ago


Report

 (<https://www.intensedebate.com/people/Luobera>) Luobera (<https://www.intensedebate.com/people/Luobera>) · 7 weeks ago

One thing not mentioned by Liam Fox is the density of the population in different regions of UK and other countries.. Clearly this is of the greatest significance, given that maintaining social distance is the main current recommendation to reduce infection.

Reply

Report


 (<https://www.intensedebate.com/people/Luobera>) Luobera (<https://www.intensedebate.com/people/Luobera>) · 7 weeks ago

Given that London has such a high density of population and an extremely high proportion of infection compared to the rest of UK, surely there is a case for a graph separating out London from the rest of the UK?

As we come out of lock-down, or perhaps even now, I think easing of restrictions should be based on geography rather than age. It might also focus the minds of the large part of the London population which flouts the rules.

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Report

 (<https://www.intensedebate.com/people/HarryGow>) HarryG (<https://www.intensedebate.com/people/HarryGow>) · 7 weeks ago

Mr Fox is right on the methods of comparison, but his helpful article does not detract from the facts. The PM missed five Cobra meetings called to determine whether the people of this country were in danger. By missing those meetings, the PM signaled clearly that he wanted the answer to be No. He had already demonstrated a willingness to fire people who disagreed on even minor points. It was the wrong answer. It inevitably delayed the UK preparations and so made the situation now worse than it needed to be.

Singapore has had 11 deaths since their outbreak started, and about 8000 cases detected. It's population is around 5.6 million. Scale that up to the UK population size and it's equivalent to about 130 deaths and 100,000 detected cases - roughly one death per thousand. We have roughly 14,000 deaths per 100,000 detected cases. <https://www.moh.gov.sg/covid-19> (<https://www.moh.gov.sg/covid-19>)

Singapore population density is around 8000 people per square kilometer. Ours is near 300 on average, and around 5000 in London. Singapore's economy depends on immigrant labour, which forms about 40% of the population. Natives don't feel threatened, they feel liberated. Many immigrant workers sleep in dormitories and these are now thought to be hotspots.

But in spite of all these things, and taking account of population size, Singapore's comparative statistics are so far nowhere near as bad as ours.

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Report

 (<https://www.intensedebate.com/people/MatthewD02>) MatthewD02 (<https://www.intensedebate.com/people/MatthewD02>) · 7 weeks ago

~~Who cares?~~
However, should not stop us from having a culture where we are prepared to question the government's strategy where it appears to be sub standard.

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Report


 (https://www.intensedebate.com/people/jock12) jock12 (https://www.intensedebate.com/people/jock12) · 7 weeks ago

A well reasoned comment in a sea of media hysteria and blame. Well done Dr Fox

The next question of substance is the long term exit strategy - a vaccine. I'm not an expert but my spouse (an infectious disease hospital consultant) knows a bit more than your average laymen or journalist. To quote 'vaccines are easy to talk about but difficult in practice. The SARS vaccine never got beyond trials and 40 years on we are still looking for the holy grail of an HIV vaccine'.

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Report

 (https://www.intensedebate.com/people/LLifeless) LLifeless (https://www.intensedebate.com/people/LLifeless) · 7 weeks ago


That was a good summary.

However, it also misses the one glaring assumption. What is each country is different. It is no use listing the excuses for differences without recognising there might be multiple causes. Some people might have a direct man made cause to die when infected with a virus. An interaction of past events.

The first assumption that must be crushed is that the deaths are due to a single cause. Forget the number of cases. The only concern is deaths and irreversibly damaged people. There is now recognised in studies that there are multiple reasons for the deaths. But no one will recognise multiple fundamental causes.

What if we have damaged parts of our population by prior events. This is I believe a subject that is forbidden from discussion and by being forbidden it can not be addressed. This political policy might be causing deaths.

Reply Report

 (https://www.intensedebate.com/profiles/mchankins) mchankins (https://www.intensedebate.com/profiles/mchankins) · 7 weeks ago
Dr Fox isn't an epidemiologist and it shows.

You don't adjust epidemic cases by population size - this is nonsense. The speed with which the disease spreads through the population obviously isn't affected by the size of population. Adjusting for the size of the population basically makes larger populations look 'better' and smaller populations look 'worse': comparisons are nonsensical.

I'd suggest Dr Fox leave it to the experts, but we know how he feels about those.

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