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The Manchester Bioethics and Health Law Conference 2023: Current Issues and Future Possibilities

Wednesday 11 January 2023
University Place

09.30-10.00: Registration and Coffee (Uni Place 5.205)

10.00-10.10: Welcome (Uni Place 5.205)

Sarah Devaney *(CSEP, University of Manchester)*

10.10-11.00: Keynote (Uni Place 5.205)

Heather Widdows *(Department of Philosophy, University of Warwick)*
"Lookism: The Last Acceptable Discrimination?"

Chair: Alex Mullock *(CSEP, University of Manchester)*

11.00-12.30: Panel Sessions

Panel 1: Methodologies in Ethico-Social-Legal Studies – Marrying Socio-Legal Research and Empirical Bioethics (Uni Place 5.205)

Panel Organiser: Lucy Frith *(CSEP, University of Manchester)*
Chair: TBC *(CSEP, University of Manchester)*

- Jonathan Ives *(Centre for Ethics in Medicine, University of Bristol)*: "Neither problem nor panacea: Embracing ambiguity and uncertainty in empirical bioethics"
- Jonathan Lewis *(CSEP, University of Manchester)*: "What can experimental moral psychology and cognitive science offer bioethics?"
- Lucy Frith *(CSEP, University of Manchester*): TBC

Panel 2: Animal Inventions in Medical Research and Farming: Science, Ethics, and Law (Uni Place 5.204)

Panel Organiser: Amanda Odell-West *(CSEP, University of Manchester)*
Chair: Sarah Devaney *(CSEP, University of Manchester)*

- Peter Stevenson *(Compassion in World Farming)*: "Gene editing and other hi-tech breeding: Threats to farm animal welfare"
- David Thomas *(Advocates for Animals)*: "How are animal experiments, including patented 'inventions', regulated and does the regulation work?"
- Amanda Odell-West *(CSEP, University of Manchester)*: "Animal inventions: Law, ethics, and religion"

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Panel 3: Assigning Sex and Affirming Gender: Reflections on the Role of Parents in Decision-Making (Uni Place 5.206)

Panel Organiser: Fae Garland *(CSEP, University of* Manchester)
Chair: Caroline Hoyle *(CSEP, University of Manchester)*

- Ed Horowicz *(Liverpool Law School, University of Liverpool)*: "Vulnerable to pressure or active enablers? Ethical concerns with the judicial framing of parents with gender diverse children"
- Fae Garland *(CSEP, University of Manchester)*: "Empirical bioethics: Worried parents, decision-making, and medical interventions on intersex minors"
- Kate Goldie Townsend *(Department of Politics, University of Exeter)*: "Parental decision-making and the role of the medical 'expert'"

12.30-13.30: Lunch (Uni Place 5.205)

13.30-15.00: Panel Sessions

Panel 4: Digital Futures: Identity, Privacy, and Online Genetic Information (Uni Place 5.205)

Panel Organiser: Leah Gilman *(CSEP, University of Manchester)*
Chair: Catherine Stanton *(CSEP, University of Manchester)*

- Leah Gilman *(CSEP, University of Manchester)*: "Gatekeepers and intermediaries: Moral dilemmas and unforeseen challenges in online data sharing about donor conception"
- Emily Postan *(Edinburgh Law School, University of Edinburgh)*: Artificial kinds: Should we be worried about AI-generated human kinds arising in healthcare?
- Catherine Bowden *(CSEP, University of Manchester)*: "Patient preferences in health data sharing for research"

Panel 5: Reproductive Technologies (Uni Place 5.204)

Panel Organisers: Laura O'Donovan and Alex Mullock *(CSEP, University of Manchester)*
Chairs: : Laura O'Donovan and Alex Mullock *(CSEP, University of Manchester)*

- Rebecca Bennett *(CSEP, University of Manchester)*: "The Ethical challenges of introducing whole genome sequencing into routine newborn screening"
- Amel Alghrani *(Liverpool Law School, University of Liverpool)*: "Regulating reproduction: Righting reproductive wrongs"
- Liam Davis *(Bristol Law School, University of Bristol)*: "Birth registration: History, practice, future"

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Panel 6: Legal Issues in the Care of the Elderly during the Covid-19 Pandemic
(Uni Place 5.206)

Panel Organiser: Victoria Moore *(CSEP, University of Manchester)*
Chair: María de Jesus Medina Arellano *(Universidad Nacional Autónoma de México / CSEP, University of Manchester)*

- Victoria Moore *(CSEP, University of Manchester)*: "Scant regard for Covid-19 risk to care homes?"
- Neil Allen and Phil Drake *(CSEP/Department of Law, University of Manchester)*: "The impact of care act easements on co-resident carers over 70 looking after partners living with dementia"
- Rob Heywood *(School of Law, University of East Anglia)*: "Systemic criminal liability for the Covid-19 care home discharge policies: Reflections on the Corporate Manslaughter and Corporate Homicide Act 2007"

15.00-15.30: Refreshments (Uni Place 5.205)

15.30-16.20: Keynote (Uni Place 5.205)

Anne-Maree Farrell *(Mason Institute and Edinburgh Law School, University of Edinburgh)*
"Sex, Health, and Technology: Navigating Risk, Regulation, and Redress"

Chair: Sarah Devaney (*CSEP, University of Manchester*)

16.20-16.30: Closing Remarks (Uni Place 5.205)

Alex Mullock *(CSEP, University of Manchester)*

**** The organisers wish to thank the Centre for Social Ethics and Policy (CSEP), Department of Law, and School of Social Sciences at the University of Manchester for supporting and sponsoring this event ****

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ABSTRACTS

Keynotes

Heather Widdows *(Department of Philosophy, University of Warwick)*
"Lookism: The Last Acceptable Discrimination?"

This talk explores the phenomenon of 'lookism' – appearance discrimination. Lookism is prevalent across domains. Those who are unattractive are disadvantaged in the job market, in the classroom and in the courtroom, and appearance bullying is the most common form of bullying. Lookism is important not only for how people are treated by others but for how they regard themselves. Feeling ashamed of how we look, or feeling like we don't measure up, directly impacts on self-esteem and profoundly limits what many people do. Yet there is little regulation of lookism and lookist comments - negative comments about appearance - are treated as trivial; thought of as 'normal', 'inescapable', 'banter', and even 'natural'. I will show that those who are unattractive are discriminated against in significant ways and consider possible responses. I will argue that the harms of lookism are so severe we need a zero approach to lookist comments, as we do to sexist or racist comments, irrespective of intention or context.

Anne-Maree Farrell *(Mason Institute and Edinburgh Law School, University of Edinburgh)*
"Sex, Health, and Technology: Navigating Risk, Regulation, and Redress"

A range of wireless and bluetooth-enabled technologies (tech-sex) now exist to facilitate sexual desire, pleasure and intimacy, where engagement by adult individuals often takes place in online environments. Alongside these new opportunities for sexual expression are the potential for online harms to be caused due to their non-consensual use. In this context, the preferred regulatory approach needs to be both facilitative in showing due respect for adult sexual autonomy and protective in mitigating harm caused to affected individuals. However, caution is needed in framing regulatory design predominantly around questions of safety which may instead promote a prohibitory response to managing risk on the part of regulators. Instead, a suitable balance needs to be struck between facilitation and protection, which recognises the increasingly important role that tech-sex has in promoting individuals' sexual health and well-being while also accepting that the need to manage risk is part of engaging with current digital cultures. For regulators, this should occur in lockstep with promoting education activities to enhance digital sexual literacy, in addition to offering quick, low-cost redress strategies to mitigate online harms where they occur.

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Panel 1: Methodologies in Ethico-Social-Legal Studies – Marrying Socio-Legal Research and Empirical Bioethics

Jonathan Ives *(Centre for Ethics in Medicine, University of Bristol)*: "Neither problem nor panacea: Embracing ambiguity and uncertainty in empirical bioethics"

Whilst empirical bioethics purports to provide strategies for developing policy and impact apt ethics research, it is no panacea. It is methodologically complex, and rife with ambiguity and uncertainty. Drawing on my experience of teaching empirical bioethics methodologies and supervising empirical bioethics research, I explore here what is, to my mind, one of the most problematic elements of empirical bioethics research; that the standard process of ethics research - wherein one has a conclusion one wishes to defend and then develops argument to defend it - is inverted. In empirical bioethics research the conclusion remains open, and it is partially developed and partially discovered as the research progresses. This can present a significant source of discomfort to the researcher, as it creates uncertainty about the end point of the research and ambiguity about who owns the conclusions as well as one's role in the process. I argue that any attempt to avoid these problems, however, will undermine the benefits of empirical bioethics, and so we should aim to embrace the uncertainty and ambiguity rather than seek to avoid it.

Jonathan Lewis *(CSEP, University of Manchester)*: "What can experimental moral psychology and cognitive science offer bioethics?"

This presentation summarises an emerging sub-discipline of both empirical bioethics and experimental philosophy ("x-phi") which has variously been referred to as experimental philosophical bioethics, experimental bioethics, or simply "bioxphi". Like empirical bioethics, bioxphi uses data-driven research methods to capture what various stakeholders think (feel, judge, etc.) about moral issues of relevance to bioethics. However, like its other parent discipline of x-phi, bioxphi favours experiment-based designs drawn from experimental moral psychology and other cognitive sciences to tease out why and how stakeholders think as they do. As well as outlining the aims and methods that set bioxphi apart from other approaches in empirical bioethics, this presentation sheds light on some recent studies in bioxphi, the results of which raise important normative implications for current debates in bioethics, medical ethics, and law.

Lucy Frith *(CSEP, University of Manchester)*: TBC

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Panel 2: Animal Inventions in Medical Research and Farming: Science, Ethics, and Law

Peter Stevenson *(Compassion in World Farming):* "Gene editing and other hi-tech breeding: Threats to farm animal welfare"

Gene editing and similar techniques will be used to drive farmed animals to faster growth and higher yields, or to mask the disease risks caused by crowded, stressful farming conditions. It could have the effect of further industrialising the livestock sector and exacerbate the widespread suffering already caused by intensive farming. Traditional selective breeding has resulted in serious health and welfare problems in nearly all the main farmed species. Meat chickens have been bred to grow so quickly that many suffer from painful leg disorders while others succumb to cardiovascular diseases. Laying hens have been bred to produce so many eggs that they are vulnerable to osteoporosis and bone fractures. Many dairy cows have been pushed to very high milk yields; this contributes to lameness, mastitis and premature culling. Gene editing could exacerbate these problems. Gene editing may be able to improve disease resistance in livestock. This could be beneficial in the case of diseases that do not arise from the way in which animals are farmed. However, there is strong scientific evidence that keeping livestock in crowded, stressful conditions can lead to the emergence, transmission and amplification of pathogens. The proper way to reduce diseases generated by keeping animals in poor conditions is to keep animals in 'health-oriented systems' rather than to use gene editing to increase their resistance. Conferring improved resistance on animals by gene editing could perpetuate the use of intensive systems as the animals would be resistant to the diseases that are inherent in such systems.

David Thomas *(Advocates for Animals)*: "How are animal experiments, including patented 'inventions', regulated and does the regulation work?"

We all have a stake in improved health. Some people see animal experiments as the key to finding cures to debilitating diseases. Many regard them as at least having a contribution to make, however regrettable using animals may be. Others argue that, because different species react in different ways, they are just too unreliable and that there are more reliable and indeed cheaper methods available. Putting to one side the ethics of knowingly causing pain and distress to animals who do not consent to being used in this way and will not benefit from it, how are animal experiments regulated, both in this country and further afield? What are the objectives of the law and are they achieved in practice? Given the secrecy of the regulation, how can the public have confidence in what is done in its name and, often, with its money? And what of the patenting of animals as 'inventions'? We commodify animals in all sorts of way but is this a step too far? I will discuss how the law approaches the morality of patenting of animals for research.

Amanda Odell-West (*CSEP, University of Manchester):* "Animal inventions: Law, ethics, and religion"

For a variety of social and moral reasons, certain uses of animals seem especially problematic to us. Uses that involve harm, pain, suffering, stressful confinement, manipulation, trade, and death in the contexts of scientific research, or the food and farming system are of strong ethical concern. Focusing on commercial exploitation of animal inventions through the patent system, we question the grant of patents over animal inventions associated with animal suffering. To some degree this question is regulated by law. Inventions the commercial exploitation of which offend morality or *ordre public* cannot be granted a patent – and if a patent is granted, its validity is open to challenge. Sentience, pain, and suffering are morally relevant concepts and underlying assumptions about the moral value of animals, or the moral priority of human interests open to question. The patent system provides pre and post grant mechanisms to challenge morally suspect inventions, although valuable contribution to oppositions by non-corporate interests such as religious organisations and secular ethical groups, is rare. The absence of ethical and religious contribution to animal invention patent cases is puzzling, more so because the morality provision invites such contributions. In this presentation we discuss findings of a pilot study to understand beliefs of leading UK faith groups, and ethicists about the patenting of animal inventions according to tenets of the faith held, or secular ethics, with which to inform policy and practice concerning the moral requirement in patent law.

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Panel 3: Assigning Sex and Affirming Gender: Reflections on the Role of Parents in Decision-Making

Ed Horowicz *(Liverpool Law School, University of Liverpool)*: "Vulnerable to pressure or active enablers? Ethical concerns with the judicial framing of parents with gender diverse children"

In England, the high-profile case of *Bell v Tavistock* gave rise to judicial scrutiny of medical interventions for gender diverse minors and was met with profound clinical, legal and ethical concerns. Importantly, these concerns focussed on the health and well-being of gender diverse minors potentially facing additional barriers to medical care and inappropriate interference with decision-making. Despite the Court of Appeal returning decision-making back to clinicians, parental consent is still seemingly required in addition to the consent of the competent minor. Beyond the question of why this is legally required lies an ethical problem, which is the way in which parents of gender diverse minors are framed and the impact this might have. In this paper I consider two different positions; one where a parent is considered an active enabler of gender diversity with resulting judicial criticism, and the other where parents are considered as being vulnerable to coercion from their gender diverse child and thus pressured into supporting the provision of medical interventions. I argue that these different narratives do no more than reflect socially conservative views and assumptions, which are ethically problematic given the authority of judicial reasoning. I conclude by arguing that parental welfare consideration is important but these two divisive characterisations obstruct meaningful parental engagement in an area of adolescent healthcare that is already ethically, socially, clinically and now legally heavily scrutinised

Fae Garland *(CSEP, University of Manchester)*: "Empirical bioethics: Worried parents, decision-making, and medical interventions on intersex minors"

Parents are the medical decision-makers for children where children lack capacity to consent. However, the birth of a child with an intersex variation presents particular ethical challenges with regards to decision-making. Parents are not only processing a medical 'diagnosis' for their child, but they are facing a reality whereby their newborn cannot be sexed as male or female. While the academy increasingly argues that healthcare decisions relating to intersex infants should safeguard the child's future autonomy, this paper draws on empirical research to question parents' ability to do so. Specifically, this paper reflects on qualitative interviews with healthcare practitioners in Malta to demonstrate how social norms (and pressures) regarding the sex binary can lead to decisions which prioritise parental autonomy. Without adequate psychosocial support medical interventions often serve to remedy immediate parental anxieties rather than the longer term autonomy of that child. Furthermore, this paper demonstrates how parental anxieties can further limit the child's autonomy even where the have sufficient maturity and understanding to give informed consent. It is of fundamental importance that healthcare practitioners are attentive to these ethical challenges. Psychosocial support from the moment of 'diagnosis' is necessary to ensure that parental autonomy does not trump the child's future autonomy.

Kate Goldie Townsend *(Department of Politics, University of Exeter)*: "Parental decision-making and the role of the medical 'expert'"

There are three key actors involved in the decision to conduct surgery or give hormonal treatment to an intersex child: the child, their parent(s), and the medical team. Parents are assumed to be best placed to make decisions about any treatments their child should have and are legally permitted to give consent for interventions into their child's bodies. But parents are inevitably and unavoidably influenced by the norms and values of their sociocultural contexts, and the guidance of the medical teams involved in the case. Medical professionals hold a uniquely powerful social position. Their position as "expert" entails a social presumption that their guidance will be based on neutral and objective understanding of the case. This presumption means that their views on treatments that reflect acceptance of particular norms are conflated with their views on treatments that are genuinely medically necessary. When it comes to advice about treatments for intersex children, it is difficult for parents to see the difference between treatments that are urgent and medically necessary, and those that simply follow and perpetuate norms about what bodies should do (such as interventions to enable boys to urinate standing up). Ultimately, I argue that in cases where there is no medical necessity, surgical and hormonal interventions into intersex children's bodies should not be suggested or permitted, regardless of the parents' views and the dominant bodily norms and values of the context. Instead, the child should be given support and space to develop as individuals whose bodies are their own.

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Panel 4: Digital Futures: Identity, Privacy, and Online Genetic Information

Leah Gilman *(CSEP, University of Manchester):* "Gatekeepers and intermediaries: Moral dilemmas and unforeseen challenges in online data sharing about donor conception"

Use of direct-to-consumer genetic testing has increased exponentially in the last decade (Regalado, 2019). The social and ethical implications for donor conceived people, their families and donors, have attracted academic, regulatory and media attention, with some claiming that this marks 'the end of donor anonymity' (Harper et al., 2016). However, there has, until recently, been limited research exploring the experiences of people impacted by donor conception in the context of this changing socio-technological landscape. The ConnecteDNA project included interviews with 60 such individuals, including sperm/egg/embryo donors, donor conceived people, parents through donor conception and donors' relatives. In this paper, we examine how participant users of DTCGT often became (unintentional) gatekeepers of others' genetic information. In addition, users often relied on intermediaries sharing genetic information in order to achieve their aims. This could lead to moral dilemmas and unforeseen challenges for these individuals who had to decide who had (and did not have) a 'right' or 'need' to know information about genetic relatedness and what steps (if any) should be made in developing such knowledge. Drawing on a series of case studies, we explore how such challenges are narrated and negotiated by participants in our research. We suggest that this blurring of the roles of information seeker and sharer distinguishes this 'unofficial' system for accessing information about donor conception from 'official' systems, such as the donor registers held by regulatory authorities.

Emily Postan *(Edinburgh Law School, University of Edinburgh*): Artificial kinds: Should we be worried about AI-generated human kinds arising in healthcare?

This paper interrogates the ways in which uses of machine learning in medicine and healthcare – for example, to assist data analysis in medical imaging, epidemiology, or personal health-tracking – may result not only in the classification of images, risks, or diagnoses, but also in reconfigured and novel ways of categorising *people*. It asks why categorisation by AI – and deep learning algorithms in particular – might have ethically significant consequences for the people thus categorised. The paper approaches these questions through the lens of philosophical treatments of '*human kinds*'. It asks to what extent AI-generated categorisations function, or could come to function, as human kinds. More specifically, it seeks to characterise how human kinds predicated on machine learning algorithms might differ, and differ in *ethically significant ways*, from existing human kinds that come about through social and historical processes and practices. It explores the potential impacts of AI-generated kinds on members' experiences of inhabiting and exercising agency over their own categorisations. As such this paper pursues a line of ethical inquiry that is distinct from, though complementary to, more familiar concerns about the risks of error and discrimination arising from AI-enabled decision-making in healthcare. The paper concludes that while the impacts of machine learning-generated person-categorisations may not be unequivocally negative, their potential to alter our identity practices and group memberships needs to be weighed against the assumed health dividends and accounted for in the development and regulation of trustworthy AI applications in healthcare.

Catherine Bowden *(CSEP, University of Manchester):* "Patient preferences in health data sharing for research"

In May 2021, NHS Digital announced that they would collect patients' primary care (GP) data so that it could be used in a non-identifying form in medical research and planning in their GP Data for Planning and Research (GPDPR) programme. Over a million people opted out of the programme, prompting NHS Digital to delay it to provide more time to speak with people about their concerns. The aim of the General Practice Data Trust (GPDT) pilot study, funded by the Data Trusts Initiative, was to find out why people opted out of sharing their GP data, and to explore whether a Data Trust could provide a method of sharing their GP data that would be more acceptable. The data collected for the study indicates that there was a high level of distrust around the GPDPR programme compounded by the opt-out mechanism and lack of information. Many people were left feeling that the data was being treated as NHS data rather than their data and so they opted out of sharing their data as a way of asserting ownership. In this presentation, I will present some of the initial findings of the study and the important lessons for stewardship of health data including the level of control patients want over how their data is used for research and planning, and what features of data stewardship would give them the necessary confidence to contribute their data to support health research.

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Panel 5: Reproductive Technologies

Rebecca Bennett *(CSEP, University of Manchester)*: "The Ethical challenges of introducing whole genome sequencing into routine newborn screening"

It is very likely that whole genome sequencing (WGS) will be introduced to existing newborn screening (NBS) soon. The use of WGS-NBS is being studied in clinical research settings and Genomics England recently announced a pilot programme of whole genome sequencing to screen for genetic diseases in 200,000 healthy newborns. The hope is that by adding WGS to NBS not only more conditions will be identified, but also better treatments can be provided based on this wide-ranging genetic information and a large number of valuable datasets of genomes for further research will be created. While, of course, any benefits from this extended screening and research will be significant, this extended screening has the potential to significantly shift the purpose of current NBS and amplify the ethical issues current NBS policies already face. One of the biggest of these current ethical challenges is gaining explicit, voluntary, and sufficiently informed consent for NS. The introduction of WGS, and the associated potential for expansion and shift in the purpose of screening is likely to exacerbate these challenges. In this paper I outline the different ways in which WGS may be introduced to NBS and the ethical challenges these different forms of WGS-NBS present. I argue that while gaining voluntary, informed consent is an ongoing and even magnifying challenge, there are important ethical, legal, psychological, and practical reasons why gaining this level of consent is important when it comes to NBS.

Amel Alghrani *(Liverpool Law School, University of Liverpool)*: "Regulating reproduction: Righting reproductive wrongs"

Today, 45 years after the birth of Louise Brown and the apprehensive clinical introduction of IVF, this procedure is now routinely available. Over 8 million IVF children have been born worldwide, and over 2.5 million cycles are being performed every year, resulting in over 500,000 deliveries annually. Whilst rightly applauded as a success, in a very small minority of cases, mistakes can and have occurred. Consider disputes over IVF embryos whereby a clinic has accidentally mixed up gametes (*ACB v Thomson Medical Pte Ltd* [2017] SGCA 20 and *Leeds Teaching Hospital NHS Trust v. A and others* [2003] EWHC 259); or where a clinic erroneously allowed one party to implant her ex partners sperm following separation (*ARB v Hammersmith*[2018] EWCA Civ 2803) or whereby a clinic accidently thaws the sperm of men harvested before they underwent treatment for testicular cancer (*Yearworth v North Bristol NHS Trust* [2009] EWCA Civ 37). As demand for assisted reproductive technologies increases, so too does the potential for such mishaps. This paper examines what happens when things go wrong in a reproductive context and how regulation can minimise the impact of such occurrences. The thorny question of compensation is revisited, and it is argued that resort to policy and case law formed within the context of in vivo gestation whereby gestation and fertilisation takes place in a female host (e.g. *Macfarlane v Tayside* [2000] 2 AC 59) no longer allows such disputes to be dealt with justly and risks that the law becomes obsolete.

Liam Davis *(Bristol Law School, University of Bristol)*: "Birth registration: History, practice, future"

Birth registration is (legally) a fundamental part of life. In most circumstances, a birth will be registered within 42 days. But what is the purpose of birth registration? Many academic commentators, and much of society, see it as being intrinsically linked with identity and as a way to see one's 'origins'. Viewing birth registration in its historical context, however, shows this is not the case and that it was historically concerned with the protection of private property and inheritance. While, in recent years, there has arguably been a shift in policy toward birth registration facilitating parent-child relationships, this should not detract from its initial purpose(s). This so-called 'facilitative aim' only goes so far though, and it will be shown how birth registration prioritises certain permutations of family to the exclusion of others. Taking all of this into account, it must be asked: what is, or should be, the future of birth registration? Should we seek to reform the system to be more inclusive of all families, or should we aim to live free of state bureaucracy which ultimately decides who, or what, constitutes a family?"

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Panel 6: Legal Issues in the Care of the Elderly during the Covid-19 Pandemic

Victoria Moore *(CSEP, University of Manchester)*: "Scant regard for Covid-19 risk to care homes?"

During the first wave of the Covid-19 pandemic in 2020, approximately 20,000 care home residents died from the illness. In *R (Gardner and Harris) v Secretary of State for Health and Social Care and others*, the daughters of two of the men who died in the first wave brought a judicial review claim against (i) the Secretary of State for Health and Social Care, (ii) NHS England (NHSE), and (iii) Public Health England (PHE). This paper presents a discussion of the heads of claim; potential implications upon the public inquiry into the government's pandemic response; and the questions it raises about accountability.

Neil Allen and Phil Drake *(CSEP/Department of Law, University of Manchester)*: "The impact of care act easements on co-resident carers over 70 looking after partners living with dementia"

During the COVID-19 pandemic, carers over the age of 70 with spouses or partners living with dementia and residing at home have faced several challenges. These include the withdrawal of services, restrictions of movement and risks of illness. The pandemic has also placed a strain on some of those living with dementia. New emergency legislation was introduced in the Coronavirus Act 2020 by the UK government in response to the pandemic. This included the unprecedented powers for local authorities to suspend the majority of their adult social care duties required under the Care Act 2014. These suspensions were known as easements. Eight local authorities introduced easements at the initial peak of the pandemic, while many others adapted their services. Our research explores the impact of these easements on co-resident carers over the age of 70. We are interested to hear views on: the resources needed; what could have been done to better support both carers and practitioners; how prior cuts and/or restructuring might have impacted upon the action that they were able to take; what was and is needed, now and for the future, at a national, regional, local and community level. Through doing this research, we seek to understand the wider social impacts and legal implications of this suspension of these legal rights in a balanced way.

Rob Heywood *(School of Law, University of East Anglia)*: "Systemic criminal liability for the Covid-19 care home discharge policies: Reflections on the Corporate Manslaughter and Corporate Homicide Act 2007"

The former Secretary of State for Health and Social Care is currently under scrutiny for the role he played in the commission of the Covid-19 care home discharge policies. These policies sought to encourage the early discharge of patients from hospitals into care homes to guard against the NHS becoming overwhelmed during the height of the pandemic. In a recent judicial review application brought against the Secretary of State and others, some of these policies were recognised to be deficient and were accordingly held to be unlawful. However, a declaration of unlawfulness is a mainly symbolic remedy. This short paper explores whether there may be grounds for any criminal prosecutions to follow based on the idea of organisational liability under the provisions of the Corporate Manslaughter and Corporate Homicide Act 2007.