

# Continuous Professional Development: Raising delicate challenges

**Sheridan Fitzgibbon, February 2025**

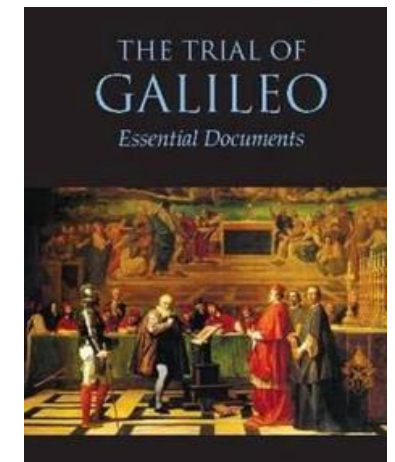
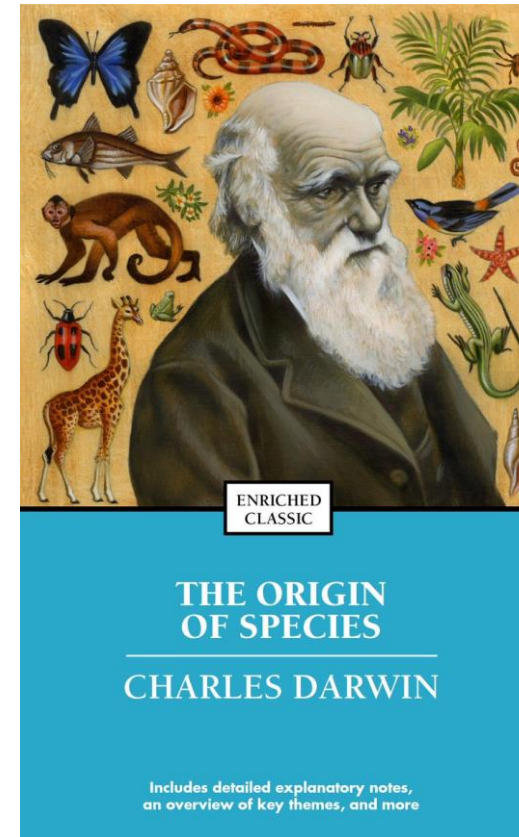
*Note: All views expressed are my personal opinions*

# Agenda

- Presentation focuses on a real world situation where I found myself facing the need to speak out on a sensitive but important matter
- Will run through the scenario and my thinking at different stages
- Some wider discussion points at the end

# Defusing some tension upfront

- Please be aware the presentation covers a sensitive topic which has the potential to provoke a strong emotional response
- The best way of mitigating this is to be upfront about where this heads
- In particular, we will arrive at a position with a reassuring answer where:
  - The answer was assessed by a suitably qualified expert you can trust
  - The expert had access to the necessary data to undertake appropriate analysis
  - The analysis was directly focused on the question that needed answering



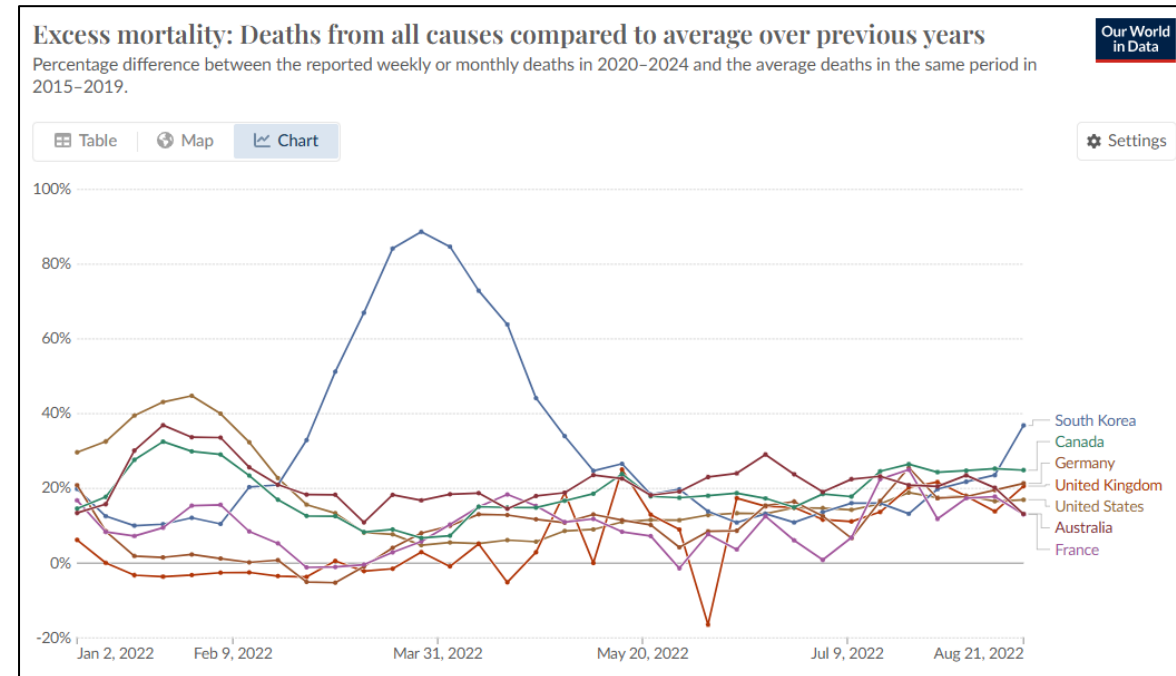
*People can react badly to ideas challenging their world view, please don't shoot the messenger!*

# A bit of backstory

- My actuarial career consists of 15+ years of experience in mortality risk, including a 3-year period at RMS which gave me exposure to the area of pandemic risk modelling
- This background meant I had some pre-existing professional relationships with key figures in the IFoA's Covid coverage and I also had some credibility when raising challenges
- I was openly critical of the response measures to the Covid pandemic, albeit in private correspondence “behind the scenes”

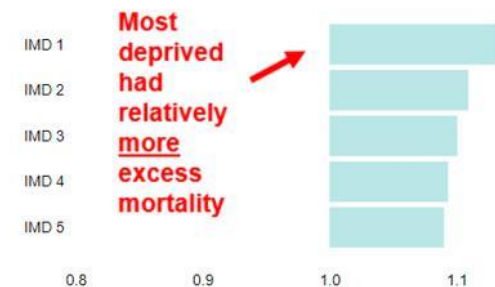
# Recap: Summer 2022 heavy mortality experience

- By the summer of 2022 it was clear that the UK was experiencing unusually heavy mortality
- Moreover, there were three unusual features to this mortality:
  - It was widespread: most developed countries were suffering the same issue
  - The more affluent were disproportionately affected (a rare mortality phenomenon)
  - The deaths seemed to be heart-related

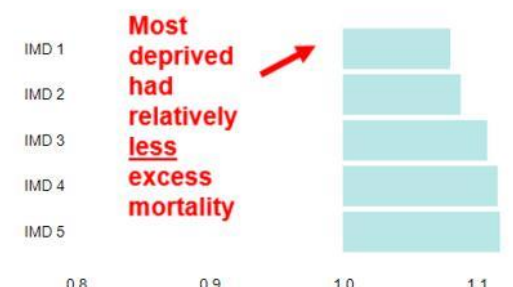


## Excess Mortality in England by Deprivation Quintile

Date Range (week ending): 03/04/2020 to 25/03/2022  
Ratio of Registered Deaths to Expected Deaths in England by Deprivation Quintile



Date Range (week ending): 01/04/2022 to 18/11/2022  
Ratio of Registered Deaths to Expected Deaths in England by Deprivation Quintile

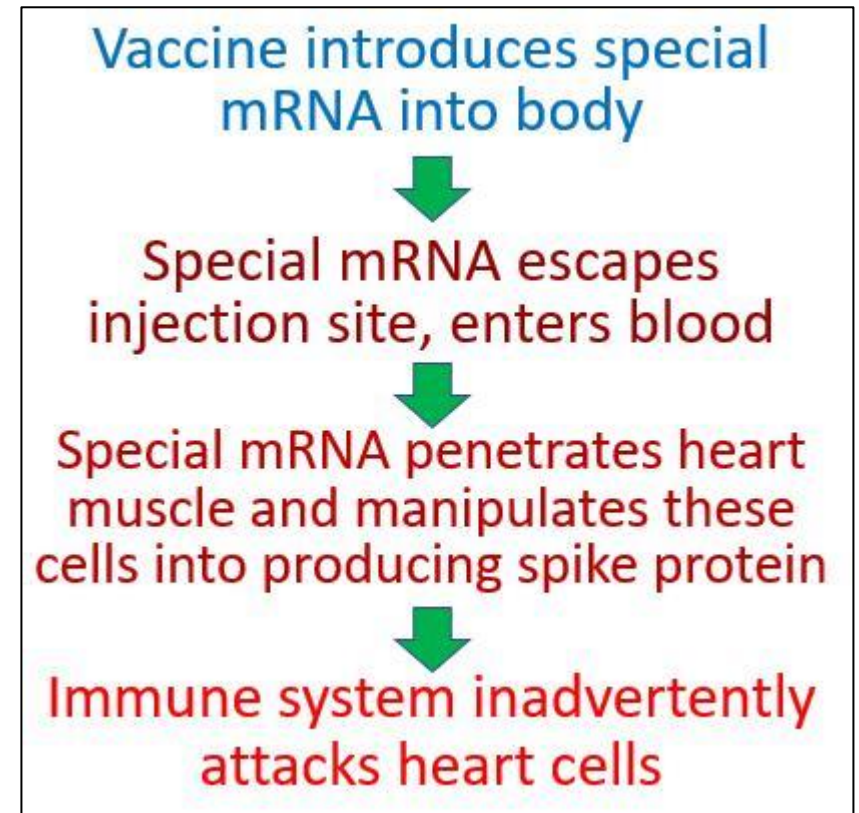


Source: Office for Health Improvement and Disparities Dashboard

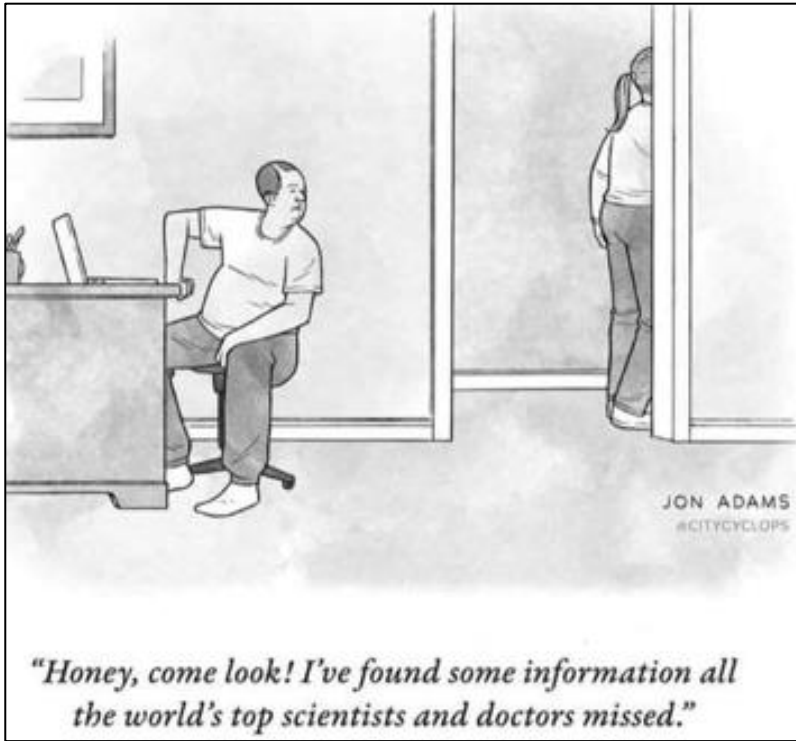
# Unsettling possibility being dismissed too easily

- The UK health authorities, the media and prominent mortality actuaries were all confident that the Covid vaccines could not be responsible
- I worried this confidence was misplaced: could their previous efforts promoting the Covid jabs be clouding their judgement?
- After reviewing their reasoning and conducting some wider research, I came to the conclusion that the vaccines merited further investigation

## Overview of one way the Covid jabs could inadvertently cause heart issues



# Something rotten in the state of Denmark – implausible?



The Standard

NEWS | UK

## Infected blood scandal: 1,000s of victims knowingly exposed to 'unacceptable' risks, scathing report reveals

Tens of thousands of patients 'knowingly exposed to unacceptable risks of infection' in biggest treatment scandal in NHS history

It comes after an inquiry into the biggest treatment disaster in the NHS concluded the scandal "could largely have been avoided" and there was a "pervasive" cover-up to hide the truth.

*There are so many unanswered questions and apparent red flags that it surprises me that the media and Parliament are not more up in arms about excess deaths. I am surprised that more attention is not being paid to this question. The fact is that this scandal—if it is a scandal—suits no one in high places in our country.*

Danny Kruger, MP for East Wiltshire

Scepticism of me finding a problem is understandable...

...but large scale scandals do occur...

...and arguably conditions were ripe for such an event

# My own near-experience of this kind of event...

## RMS announces new catastrophe risk views, launch date for RMS(one)

📅 11TH FEBRUARY 2014 · AUTHOR: ARTEMIS

Share: 

*RMS has also announced the upcoming release date for its new risk modelling platform, RMS(one). Version 1.0 of RMS(one) will be released and made generally available on 15th April 2014, according to RMS. All of the RMS catastrophe models, as well as selected models from RMS ecosystem partners, will be available on RMS(one) version 1.0 when released.*

*RMS(one) has been developed and tested with the help of 1,000 people from 30-plus insurers, reinsurers and brokers worldwide.*

<https://www.artemis.bm/news/rms-announces-new-catastrophe-risk-views-launch-date-for-rmsone/>



# My own near-experience of this kind of event...

## RMS announces DMGT suffers further software headaches

11TH FEBRUARY 2014 - AUTHOR By Henry Mance SEPTEMBER 17 2014

Share: 

Daily Mail and General Trust will write down a “material part” of the value of its risk management software after announcing further launch delays to a flagship product.

RMS(one) was due to go on sale in early 2014, but has been pushed back successively.

A simpler version of the software was now expected to be available in late 2015, [DMGT](#) said in a trading statement on Wednesday.

<https://www.ft.com/content/8121578c-3e37-11e4-b7fc-00144feabdc0>

**Why didn't anyone say something?!?**

# Question: Should I voice the vaccine concerns?

Can't someone else say it?

This will be unpopular

Reputational risks?



Duty to raise issue sensitively

Don't want regret in 5 years

Actuaries' Code obligations

How do I get taken seriously?

What points do I need to make?

What outcome do I want?

# My answer to this dilemma

- My conclusion was that I had a duty to speak out: the importance of the issue trumped any other considerations
- I articulated my concerns in a carefully structured and reasoned letter sent directly to the IFoA President, copying in various actuarial peers
- My tactic for deflecting immediate pushback and securing engagement was to open with references to key passages of the Actuaries' Code

# What happened?

- Nothing bad!
- President delegated review/discussion of my concerns to the CMI
- Unfortunately the subsequent response failed to satisfy me
  - Some reassurances provided, but fell short of addressing my concerns
  - The CMI did not see any prospect of securing something meaningful
  - Conclusion was that the matter was not worth pursuing

# Question: Should I leave it at that?

I'd done something...

Trust the experts!

Counter-productive to persevere?

I'm potentially the only credible critic



Still don't want regret in 5 years

Are they any more expert than me?

Actuaries' Code obligations

President has offered a chat...

Can I think of a way forwards?

# My next move

- I requested a chat with the IFoA President to discuss the CMI feedback
- I made sure to prepare for the conversation:
  - Realistically I only had one shot to achieve anything
  - I needed to present a SMART proposal
  - Had to be clear on what support I was seeking
- Conclusion was that I was given some leeway to investigate options and come back



Recurring difficulties  
when raising challenges:

- Attention
- Legitimacy
- Authority

# A providential slice of luck...

- By good fortune I discussed the challenge facing me with a colleague who happened to have a contact at UKHSA who was a specialist in drug safety
- We arranged to have a conversation and I set out the concerns, noting the discussions I had been having in the industry
- The UKHSA expert took the concerns seriously and agreed to undertake a special assessment on our behalf. This analysis reassuringly vindicated the safety of the Covid vaccines

# Some personal reflections



Institute  
and Faculty  
of Actuaries

## The Actuaries' Code

The Code was critical to my endeavour as it ensured I could not be ignored



I think my approach succeeded at raising delicate concerns in a sober way



Don't expect others to pick up the unpopular fights, you need to be prepared to step up yourself



# Any lingering concerns? Adverse penalties...

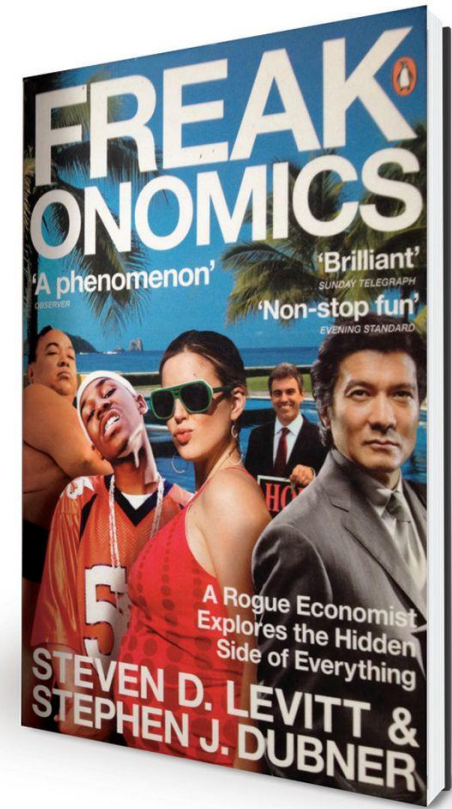
- I do have to flag some reservations, arising from the shift by policymakers towards forcibly encouraging vaccine uptake
- Some individuals faced penalties for declining the Covid jabs and this could have acted to inflate mortality in the unvaccinated
- England care home workers were fired in Nov 2021 if they were not double-jabbed; NHS staff faced a similar fate until a late reprieve
- An extreme case occurred in Canada, where Sheila Annette Lewis was denied an organ transplant unless she agreed to a Covid jab. Sheila insisted on bodily autonomy and died in Aug 2023



This is folly! We need to be certain that lighter mortality being associated with a medical intervention is due to the health benefit produced by that intervention and not a result of withdrawing unrelated healthcare from refuseniks!

# Any lingering concerns? Inappropriate incentives...

- The penalties applied to the unvaccinated were intended to encourage them to get jabbed as humans respond to incentives
- However the true incentive created was to obtain vaccinated status: whilst this could be secured by getting vaccinated, another route was falsifying one's health record
- You will never observe vaccine side effects in someone who has not had the vaccine!

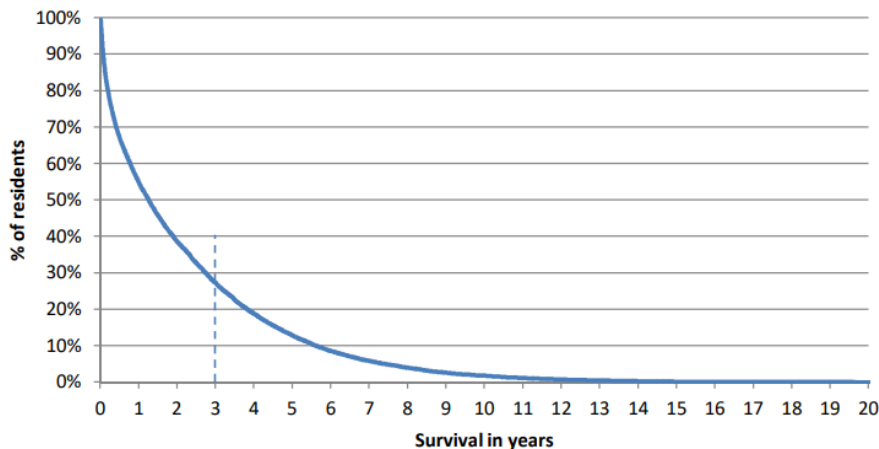


Health authorities depend on reliable data to assess the safety of medication and any distortions will compromise this vital task. These reservations don't invalidate the safety results but unnecessarily weaken the confidence we can place in them.

# Wider reflections about Covid response

- These were not the only areas where policy was not properly thought through
- How did the response of locking care home residents away from their loved ones help them?
  - 50% survive <1 year regardless

Figure 1. Survival of residents - years, censored at 20 years

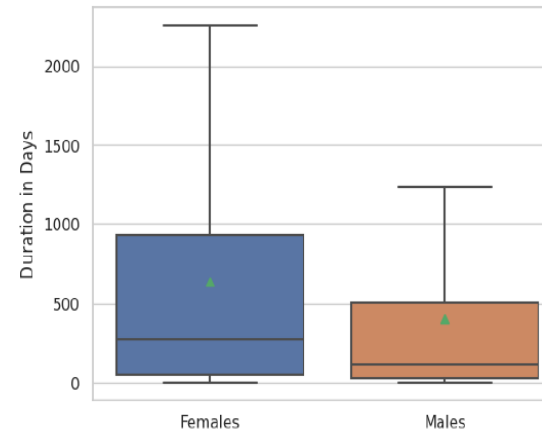


## Analysis of care home mortality 2016-2019

### Duration in days in Bupa LTC facilities for deceased residents



Institute and Faculty of Actuaries



Average length of stay prior to death

Females: 636 days (1.7 Yrs)

Males: 397 days (1.1 Yrs)

Average Age at Death

Females: 87.0

Males: 83.5

Females observed to have stayed in Carehome for approximately 8 months longer, whilst also being older on average

05 September 2024

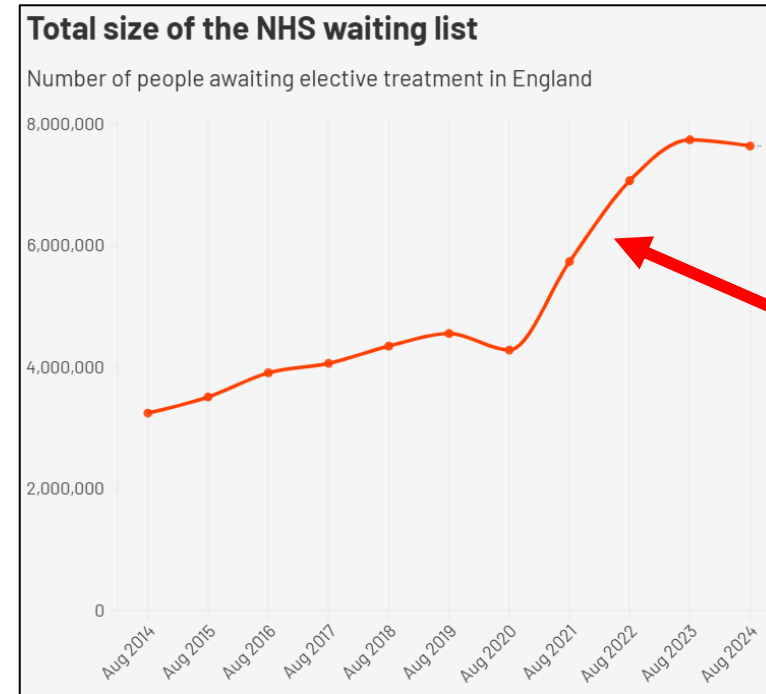
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Jan 2011 study on length of stay in care homes  
<https://www.pssru.ac.uk/pub/3211.pdf>

Sep 2024 IFoA webinar "Mortality experience of long-term care residents of Bupa care homes over the period 2016-2019"  
<https://actuaries.org.uk/media/g0rchaog/mortality-experience-of-long-term-care-residents-of-bupa-care-homes-over-the-period-2016-2019.pdf>

# Wider reflections about Covid response

- These were not the only areas where policy was not properly thought through
- How did the response of locking care home residents away from their loved ones help them?
  - 50% survive <1 year regardless



**The number of people waiting for elective treatment in England has near doubled since 2019**

- More generally the response to Covid impoverished the UK:
  - Creating a period of high inflation, with ~25% rise in the cost of living since 2020
  - Large increases to the national debt and tax burden, acting as constraints on growth
  - Opportunity costs, depressingly visualised by looking at the surge in NHS waiting times

The cause of this was not Covid but the response to Covid by the State

# What could actuaries have done better?

**Using the IFoA as a discussion forum for free speech debate conducted in good faith**

**Critically communicating modelling results and statistics in a way that empowered decision makers with limited technical understanding**

**Supporting a holistic assessment of benefits/costs (including winners/losers) over a long timeframe, as well as the ethical considerations**

# Final personal reflections: my next steps

- Regrettably I perceive a failure within the UK to engage in genuine self-reflection about the Covid response
- However I also see there is something which I could do that might catalyse this review of the merits and failures of what occurred – if only I had the necessary attention, legitimacy and authority to pursue this
- Consequently I plan to stand for IFoA Council in summer 2025 to secure a democratic mandate to investigate three specific questions which I believe will facilitate a more meaningful evaluation of the Covid response – see this website for details:

<https://rssfitzgibbon.co.uk/>

*“Anyone who wants to be first among you must be servant to all”*

Thank you for your time and attention

<https://rssfitzgibbon.co.uk/>