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Why did Sweden Choose not to Lock Down?

- Constitutional provisions and national character are the background factors -

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Sweden has not adopted a mandatory lockdown policy, choosing instead to adopt a moderate approach to controlling COVID-19 which leaves much to the public's discretion. The decision to adopt such a policy was based on the judgment of experts that even if a lockdown policy was effective in the short-term, the infection would spread once again after it was lifted, and that the government should therefore adopt a policy that the public would be able to tolerate for an extended period. At the same time, it should be noted that the Swedish Constitution stipulates that the central government shall not prohibit the movement of citizens, shall respect the autonomy of local governments, and shall respect the decisions of public authorities such as the Public Health Agency, which is an expert group. Although there has been considerable criticism from overseas regarding Sweden's lack of mandatory measures, the public is comparatively satisfied with the policy. Historically, Sweden has fostered public trust in government; in this case the public has cooperated with the government's policy, understanding it as a decision based on scientific evidence. In addition, the Swedish public's attitude of making their own decisions regarding their own actions can be pointed to as one of the reasons for its support of the policy.

In order to enable us to adopt effective measures to protect the health of the public, it would be valuable to increase our knowledge of policies implemented throughout the world and to use them as a reference for our own policy decisions. In doing so, it will be necessary to search for and weigh up the best direction for Japan, based on a multifaceted study of factors including the countries' cultures, historical backgrounds, social capital, legal systems and medical systems.

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Introduction

Each country has mounted its own unique response to the COVID-19 infection, reflecting factors such as its national character, legal system and medical system. Against this background, Sweden's unique policies have attracted worldwide attention. What is the background to Sweden's moderate response, which allows the public autonomy in making decisions, and why does Sweden continue to pursue policies which are so different from those of other countries?

In order to consider these questions, we interviewed H.E. Pereric Högberg, the Ambassador of Sweden to Japan, and Dr. Ayako Miyakawa, who works as a consultant surgeon at the Karolinska University Hospital, which is well known as one of Sweden's core hospitals, and as an institution that possesses advanced functions. In this paper, I will discuss the background to measures against infectious diseases in Sweden based on the results of these two interviews and the findings of experts in Japan and abroad.

There are a variety of opinions regarding Sweden's COVID-19 response / Some aspects of Sweden's response are shared with Japan

Although a state of emergency was declared in Japan between April and May, the nation did not adopt the mandatory lockdown measures put in place in most Western countries. While there are many differences between Sweden and Japan, the response adopted by Sweden is similar to Japan's in that relevant decisions and actions are left to the discretion of the public. There are some prohibitions and observances, such as maintaining social distancing and prohibitions on meetings of more than 50 people and visits to facilities for the elderly, but these are moderate measures that avoid mandatory lockdown.

There are those who find Sweden's attitude of respecting the autonomy of the people admirable from an ethical point of view. In addition, from the perspective of maintaining people's lifestyles, it is predicted that the impact on the economy will be relatively lower than is the case in the United Kingdom and the eurozone, and this aspect of Sweden's response has tended to be positively evaluated.[1]

This paper was edited by Kozue Sekijima and Ayumi Kitajima of the Nippon Institute for Research Advancement.

On the other hand, in May, U.S. President Donald Trump harshly criticized Sweden's measures, stating that the nation was paying heavily for its no-lockdown policy. As of July 20, the number of deaths in Japan was approximately 1,000, while in Sweden it was over 5,600. The fact that the mortality rate is higher in Sweden than in other Scandinavian countries has also drawn criticism.

A structural problem of the nursing-care system is also a factor in the number of deaths

The reason why the death rate in Sweden is higher than it is in other Scandinavian countries is, as Dr. Miyakawa points out, because many of the people who have died were elderly people who were in need of care and lived in care facilities under municipal administration. A structural problem played a part here, in that clusters occurred because part-time caregivers continued working when infected because of concern that they might lose their jobs, and the institutions in which they were working had inadequate infection prevention measures. Moreover, the underlying cause of the high mortality rate is that a national consensus has been formed that doctors will decide on the necessary treatment for patients after considering that patient's prognosis, even in normal times. According to Dr. Miyakawa, it is up to the doctor to decide whether to treat patients aged 70 or older in intensive care, and this holds true in the case of COVID-19 infection. Given these circumstances, it is not necessarily the case that the lack of lockdown is directly linked to the death toll.

As this indicates, there are significant divisions in the assessment of Sweden's response. The true character of COVID-19 is not necessarily clear, and it is expected to take time for the disease to converge to an equilibrium. As H.E Pereric Högberg pointed out in his interview, it is still difficult to make a comprehensive assessment at this point. This paper will therefore limit itself to introducing the perspectives described above.[2]

Constitutional provisions that prevented the adoption of lockdown

Some believe that the use of a "herd immunity strategy" lies behind Sweden's decision not to adopt lockdown regulations. However, the Swedish government has explicitly denied this. The Swedish government has stressed that the purpose of its measures is to prevent the spread of infection and the collapse of the system of medical care, as is the case in other countries. In his interview, H.E Pereric Högberg explained that the government did not apply lockdown measures because it believed that the disease would require a long-term response and that this therefore should be a sustainable response that the public and the social system could tolerate for an extended period.

However, we should also note here that the Swedish Constitution does not allow restrictions to be placed on citizens' movements. With regard to the freedom of movement of

the individual, Chapter 2 ("Fundamental rights and freedoms"), Article 8, states that "Everyone shall be protected in their relations with the public institutions against deprivations of personal liberty. All Swedish citizens shall also in other respects be guaranteed freedom of movement within the Realm and freedom to depart the Realm." As this indicates, under normal conditions, Swedish nationals are guaranteed full freedom of movement, both within the nation and across national borders[3]. It has been pointed out that the reason no provisions regarding restrictions on the movement of citizens in times of emergency are included in the text of the Constitution is that Sweden has not gone to war since 1814, and there has therefore been no state of emergency for many years (Klamberg (2020)).

The Constitution also gives a strong role to local governments, which is another reason why lockdown was not implemented[4]. Under Sweden's local self-government system, medical care is administered at the regional level (corresponding to the prefectural level in Japan), while welfare and education services such as nursing care and childcare are administered at the commune, or municipal, level. Decrees from the central government do not restrict the autonomy of local governments. We may consider that the central government did not forcibly close schools because this type of decentralized structure also exists in the education system. In the field of medical care in Sweden, there are few private hospitals and numerous public hospitals and this is precisely why hospitals are able to focus on responding to the COVID-19 outbreak without being overly concerned about profitability. In her interview, Dr. Miyakawa points out that despite the fact that the nation has a regionally decentralized system, there is cooperation among hospitals throughout the nation as a whole.

Sweden's reasons for maintaining unique policies that differ from those of other countries: (1) Establishment of a framework for respecting expert opinions

Sweden's individual policy response has been criticized even in Sweden. However, it has been possible for the government to maintain the policy with the support of a relatively large number of people. Why has this been the case? First, mechanisms that ensure that the views of experts are respected are guaranteed by the Constitution, and second, there is public trust in the government.

With regard to point 1, public authorities have been established independently of the central government based on the principle of administrative dualism (Jonung (2020)) and the Constitutional provision that insists that the government must respect the autonomy of public authorities and not interfere with them.[5] The stipulations of Chapter 12 ("Administration"), Article 2[6], are observed faithfully by the government and politicians. A public authority called the Public Health Agency, a group of experts whose independence is guaranteed is responsible for directing the nation's policy response to COVID-19. Sweden has implemented the policies recommended by experts working in the Public Health Service without modification.

In an interview in June, Dr. Anders Tegnell, the epidemiologist who is directing Sweden's policy measures, indicated that the virus will be with us for a long time, and temporary lockdowns will not prevent its resurgence and also have negative effects.[7] If Sweden had a system in which politicians intervened or made final decisions, it might not have been able to maintain its independent course in the face of the lockdown policies in many European countries.

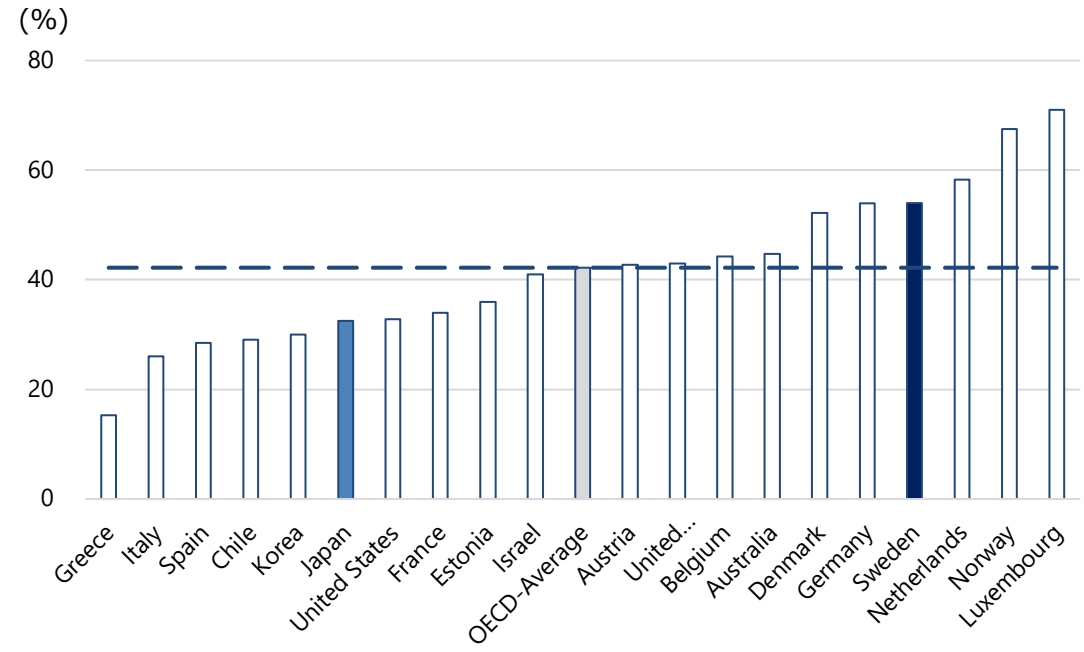
Sweden's reasons for maintaining unique policies that differ from those of other countries: (2) People's trust in the government and respect for autonomy are the foundation

The second important point is that the Swedish government has traditionally adopted a highly transparent, evidence-based and accountable approach to crises, and that public confidence in the government is comparatively high (see the figure on the following page). The government adopted a policy of encouraging change in behavior by making recommendations to the public rather than by imposing mandatory measures; the public understood these recommendations and voluntarily followed them. During the Swedish financial crisis in the 1990s, the government aggressively injected public funds into the economy in order to bring the crisis under control as early as possible, based on the understanding of the public obtained through this approach (Okina, et al (2010)).

With regard to the public's trust in politicians, it has been indicated to the author that the facts that in many cases politicians are from the working and lower middle classes and have been trained as political professionals since their youth, and that the nation has adopted a system of proportional representation, have provided a foundation for trust[8].

As Dr. Miyakawa points out in her interview, we must not ignore the fact that Sweden is a society that respects the autonomy of individual behavior; for example, while access to medical care in Sweden is not ideal, there is a consensus that sick people can take time off from work and stay home. It is also noteworthy that this national character – respect for the fact that one's own actions are one's own decisions – is fostered from childhood in Swedish education.

Figure : Trust in the central governments of OECD countries (Average for the 2010s)



Note) The figures are averages for 2012, 2014, 2016 and 2018.

Source: Formulated by the author based on OECD, Government at a Glance

Need for multifaceted research on responses to COVID-19

As discussed above, legal provisions play a large part in Sweden's particular response to COVID-19, but we can also point to the national character (trust of the public in the government and respect for autonomy) as also being a background factor.

In the future, we will be required to be tenacious as we live with COVID-19. In order to enable us to adopt effective measures to protect the health of the public, it would be valuable to increase our knowledge of policies implemented throughout the world and to use them as a reference for our own policy decisions. However, to avoid falling into shortsighted judgments when we do so, it will be necessary to search for and weigh up the best direction for Japan, based on a multifaceted study of the countries' cultures, historical backgrounds, social capital, legal systems and medical systems.

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Note

[1] OECD forecast for real GDP growth in 2020 (June 2020).

[2] In an interview with The Wall Street Journal, one of the experts who leads Sweden's policy responses, Dr. Anders Tegnell, indicated that it had been reported that the policy of not locking down was a failure, but that while more could have been done to protect the elderly, he did not see the policy as having failed.

[3] Chapter 2, Article 24 states, "Freedom of assembly and freedom to demonstrate may be limited in the interests of preserving public order and public safety at a meeting or demonstration, or with regard to the circulation of traffic. These freedoms may otherwise be limited only with regard to the security of the Realm or in order to combat an epidemic." The basis for the restriction on groups of more than 50 people can be found here.

[4] Article 2 of Chapter 14, "Local authorities," states that "The local authorities are responsible for local and regional matters of public interest on the principle of local self-government."

[5] The government consists of the Prime Minister and other Ministers. Public authorities are independent of the government and ministries, and play the role of providing them with specialized information and opinion necessary for administration.

[6] "No public authority, including the Riksdag, or decision-making body of any local authority, may determine how an administrative authority shall decide in a particular case relating to the exercise of public authority vis-à-vis an individual or a local authority, or relating to the application of law."

[7] Published by Bloomberg on June 28, 2020

[8] Professor Hiroaki Watanabe of Ryukoku University, who is well-versed in Swedish politics, offered many suggestions during the writing of this paper. I would like to take this opportunity to thank him. The Japanese translation of the Swedish Constitution is published by the Research and Legislative Reference Bureau of the National Diet Library (2012).

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Pandemic Responses Rooted in Trust

Pereric Högberg
Ambassador of Sweden to Japan

I would like to reflect on the successes and failures of the Swedish Government's response to COVID-19 so far. I want to begin by addressing a common misperception of Swedish policy, to the effect that it is specifically targeting herd immunity.

It is important to note that the Swedish Government has always had the same goals as most other countries, which are to limit the spread of the virus in society, and to mitigate its economic impact. More specifically, the government's strategy aims to: 1) Limit the spread of infection in the country and relieve the pressure on the healthcare system; 2) Ensure that health and medical care resources are available; 3) Limit the impact on critical services (healthcare, police, energy supply, communications, transport and food supply systems, etc.); 4) Alleviate the impact on people and businesses; 5) Ease concern by continuously providing clear and correct information on what measures are being taken and why to all the people in Sweden; and 6) Implement the right measures at the right time.

The interview with H.E Pereric Högberg, the Ambassador of Sweden to Japan was conducted by Dr. Yuri Okina, NIRA Executive Vice President / Chairperson of The Japan Research Institute, Ltd., in June, 2020 at the Embassy of Sweden in Tokyo.

This paper was edited by Jonathan Webb.

When Sweden declared a national health emergency in February, its strategy was, from the very beginning, to make sure that the healthcare system could cope while limiting the infection. The strategy was also to ensure the at-risk groups in society, the sick and elderly, particularly those over the age of 70, were properly protected.

However, as this is not something that can be overcome in a matter of months, we believe a long-term approach that minimizes economic and social disruption is equally important. This is one of the main reasons why Sweden never locked down, and never closed schools. A major factor in the decision not to close schools was labor. In Sweden, housewives and househusbands are rare, as everyone works. Closing schools would cause enormous social disruption, including in the area of healthcare, where many nurses are parents. To cope in a manner sustainable over the long-term, then, schools needed to remain open, and this had nothing to do with herd immunity.

The Swedish government is currently forming a joint commission together with the opposition party to evaluate its approach so far. The government is confident about its strategy nonetheless.

Alternatively, one area in which we can identify a clear failure is in Sweden's relatively high death rate of over 500 per million inhabitants, whereas in Japan, for example, that number is only 7.8 (as of July 20)[1]. The deaths reported have mainly occurred among the elderly. Prime Minister Stefan Löfven has stated that this is a failure of the caring facilities in not being able to prevent the virus from getting into places like nursing homes, rather than the government's strategy itself. This comment does not mean that the government is seeking to avoid taking responsibility; rather, we couldn't foresee the problem. The government has now taken steps to address this problem with a ban on visits to nursing homes that will hopefully better protect the elderly.

Although there is still work to be done to bring the death rate down, Swedish policy has generally walked the line between enacting the minimum number of legal restrictions or recommendations while keeping schools and businesses open and public transportation running.

Sweden's response to COVID-19 may be exceptional in the international context. The approach was decided by the Swedish constitution, which guarantees the freedom of movement of citizens, making nationwide lockdowns impossible. The Swedish government is not allowed to declare a state of emergency in peacetime. Furthermore, we have a very decentralized system, which is also guaranteed by the Constitution. For example, elderly care facilities and schools are not administered by central government but rather by local governments, and the central government can only issue recommendations. Additionally, the functions of the government and ministries are limited, allowing public agencies and expert authorities to make policy decisions. To roll out the COVID-19 strategy, the government listened to the Public Health Agency of Sweden, which is run by epidemiologists, and decisions regarding the number of people that can gather in public, or the decision to close elderly care homes, were based on their opinions.

Another key to understanding why Sweden has reacted the way it has is the level of trust people in Sweden have in government agencies. Swedish society is built on a long history of trust between the government and the people, something a mandatory lockdown would undermine. The most effective way to deal with a virus is not to lock down, as you cannot arrest a virus, but to foster the trust of every person living in the society, to encourage them to cooperate with government policy and behave in a way that will limit the spread of the virus.

This trust wasn't built in a day; it has developed over the last two centuries of Swedish history via the peace secured through our neutrality, the push for universal education in the mid-19th century, the realization of universal suffrage in 1921, and the development of the welfare state during the 20th century. All of this was the result of a bottom-up movement, with the people putting pressure on the government. This has created an environment in which the government tends to be very in tune with the people, resulting in the people having a high level of trust in their government, and confidence in public institutions such as the civil service.

The strength of the Swedish approach can be seen in the healthcare system, where we were able to avoid a collapse, quickly raise the number of ICU beds to meet the increased demand, and repurpose existing facilities such as expo centers to alleviate pressure on hospitals. At the same time, our centralized emergency system successfully coordinated between hospitals ensuring there was never a scenario where ambulances didn't know where to go. Patients' medical records are also available digitally via their Swedish Social Security Number, allowing for the best possible care.

Examining the Japanese pandemic response from a Swedish perspective, I see many commonalities. Both emphasized an approach based on trust, voluntary cooperation and personal responsibility. An example of this is how after Japan declared a state of emergency, many businesses voluntarily closed. Another area in which Japan has been doing very well is its commitment to a multilateral approach. Japan participates in the EU Coronavirus Global Response Conference, contributes to the GAVI effort to find a vaccine, and has stood firmly behind the WHO, resisting calls by some countries for retrenchment. From my point of view, Japan's response domestically and internationally has been very good.

The one thing I do think has been unfortunate, and honestly a little surprising, is the fact that the Japanese people do not seem particularly happy with their government's approach. Given how well Japan looks compared to much of the rest of the world, I can't help but wonder just what is it that the Japanese people would have liked their government to do.

The pandemic, while tragic, has provided us with a once-in-a-generation opportunity to forge a new and better normal through digitalization. People are suddenly asking themselves why they commute 90 minutes a day, why they have to be present physically for what could be done over email or video conference. We can build a more environmentally sustainable society by accelerating the process of digital transformation. I believe Sweden is uniquely positioned to lead this charge. Even before the pandemic, working from home was

common; medical records were also digitalized, tied to Social Security Numbers and easily accessible to enable optimization of care. It's not perfect - sometimes I feel the Swedish tax authority knows more about me than I do – but it has good consequences, and it is something to build on.

That said, in the digital age, many people are rightly concerned about their privacy and the security of their information. However, in an era in which people willingly put much of their lives on social media and carry smartphones that can track them if inadequately secured, we must also be rational. This means striking a balance between preventing abuse and instilling public confidence, while maximizing the opportunities offered by the digital transformation.

I believe that as we are still in the middle of the pandemic, it is too early for a definitive evaluation. However, in closing, Sweden and Japan share an approach to the pandemic rooted in trust in the people and voluntary responsibility. We are united in our belief that multilateral cooperation is key to overcoming this crisis. This virus knows no borders and no nations, and thus we must work together to build a better tomorrow.

Pereric Högberg
Ambassador Högberg was appointed Sweden's ambassador to Japan in fall 2019. He has served in positions including as First Secretary of the Embassy of Sweden in South Africa, Director of the International Division of the Swedish Arts Council, Director of the Africa Department of the Swedish Ministry for Foreign Affairs, and as Sweden's Ambassador to Vietnam.

Note

[1] The interview was held in June, however this paper was revised based on the information available at the time of publication.

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Sweden's Strategy in Response to COVID-19
- Observations of a Japanese Physician resident in Sweden

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Sweden has decided not to lock down

I work as a consultant surgeon in the Department of Urology at Karolinska University Hospital. There are arguments for and against the measures that have been taken to combat the spread of COVID-19 in Sweden, and given that the spread of the disease has not yet been stopped, it is not clear at this point whether those measures were correct or not. Nevertheless, I would like to discuss the measures that Sweden has adopted and how the Swedish public felt about them from the perspective of a Japanese doctor working in Sweden.

As of July 20, the death toll from COVID-19 in Sweden (a nation with a population of approximately 10 million) was more than 5,600, making the mortality rate per 1 million persons about 550 (for comparison, the mortality rate per million persons in Japan was 7.76). Anders Tegnell, an epidemiologist who is advising the Swedish government on how to deal with COVID-19, has repeatedly explained to the public that the pandemic will be a long one, and that policies that the public can tolerate should be implemented until it ends. His assertion that policy decisions should be made not only on the basis of controlling the number of infections and deaths, but should also take into consideration the impact on society and the economy from a variety of perspectives, seems to me to be reasonable.

Another focus is whether there is a scientific basis for implementing lockdown. Dr. Tegnell has spent 20 years working with epidemiologists in Europe to combat infectious diseases. He has indicated that there was a consensus among epidemiologists that lockdown was meaningless and that a more liberal approach was desirable. He has claimed in an interview that he was very surprised when European countries chose lockdown despite this consensus.

Policy decisions are based on scientific evidence

The reason why the choice of countermeasures against infectious diseases in Sweden is different from those in other countries is largely because of who directs the policies. What is noteworthy about policy in Sweden is that policy decisions are based on scientific evidence; that is, the opinions of experts are respected. The Swedish Constitution also states that it respects the decisions of public authorities. In other countries, by contrast, politicians make the final decisions on policy. As a result, when the infection spread and public criticism increased, politicians were forced to adopt hard-line policies.

In Sweden, public authorities are kept at a distance from the government, and government intervention in individual policy decisions is prohibited[1]. The stance of politicians in respecting the opinions of experts from public authorities is consistent in policies other than those targeting infectious diseases, and the messages that politicians offer the public always accord with those of experts. In addition, citizens' interest in politics is generally high; for example, voter turnout in elections is around 90%. The trust of the Swedish public in politics and the government has always been high, and it seems to have been relatively easy for experts to decide on policies with a high degree of freedom and for politicians to respect and implement them.

It is also the case in Sweden that quite a few researchers are opposed to the government's policy of not implementing lockdown, and discussions regarding this are still ongoing. For example, wearing a mask has not been recommended because it is claimed that there is no evidence. However, there is some evidence for the effectiveness of masks, and I personally wonder why the Swedes are not more flexible in this regard.

With regard to the Constitution, as is the case in Japan, the Swedish Constitution does not give the government the power to enforce lockdown, leaving it up to the people's free will to observe lockdown measures. This may be related to the fact that Sweden has not gone to war for more than 200 years. It was not necessary for the government to declare a state of emergency for a long time. However, in March 2020, a law was passed that allows local governments to order schools to close down in the event that COVID-19 spreads. It could be said that preparations to close schools have been made at the municipal level.

Employment issues are a factor that explains why the elderly have predominantly been victims of the virus in Sweden

It is largely the elderly who have fallen victim to COVID-19 in Sweden. This is because clusters of infection have occurred in facilities for the elderly. The employment situation in Swedish nursing care homes for the elderly is a factor in this.

Sweden has seen a decline in the number of elderly people in nursing homes since the 1992 Edel Reform[2]. This reform saw the government changing its policy to improve support for nursing care at home. Today, therefore, it is often the case that only elderly people with severe conditions necessitating focused care enter nursing facilities.

With the privatization of nursing care facilities, there is a growing need to cut costs. In addition, workers' rights in Sweden are very strong; once a worker is employed, they cannot be dismissed unless there is a serious problem. As a result, nursing homes have come to rely on low-wage part-time workers. The proportion of part-time workers in private nursing homes is said to be more than 30%. Many part-time workers are immigrants, and their working conditions are poor. Fearing that their income would be cut off if they were absent from work, some of these employees hid the symptoms of infection with COVID-19 and continued working, which led to the spread of infection. Sweden also has residential homes for the

elderly in addition to private nursing homes of this type, but no clusters of infection have been reported there.

Other places where clusters have occurred include hospitals in which patients with dementia are hospitalized. In Sweden, it is forbidden to restrain patients with dementia, and they are therefore able to move freely around the hospital. In some cases, this meant that the infection spread to doctors and nurses.

However, it is reported that only 30% of elderly patients infected with COVID-19 have died, with the rest recovering naturally.

A Swedish tendency to take time off from work when sick

After the first case of infection in China was confirmed in February 2020, cases gradually began to appear in Sweden. Initially, PCR testing was performed on people who had had contact with infected persons in order to trace the route of infection. At that stage, PCR testing was not considered particularly urgent. After the week-long "sport break" (Sportlov) holiday in early March, however, the number of people infected with the virus soared, and it became impossible to trace them. The testing policy was therefore changed, and PCR testing was limited to seriously ill patients requiring hospitalization. However, since the middle of May, Sweden's PCR testing capacity has increased, and PCR testing is conducted free of charge for anyone who applies. The increase in the number of PCR tests has led to a sharp increase in infection statistics, and this has intensified resistance to Sweden's policy responses, but the number of people who have become seriously ill or died has in fact decreased. Although the number of PCR tests has increased since the second half of June, the number of recorded infections is decreasing, and it has therefore been suggested that Sweden's heavily-criticized policy response may have been successful.

Sweden's initial focus on PCR testing is similar to Japan's response, but it seems that not as many people in Sweden actually desired PCR tests as they did in Japan.

One reason for this may be differences in the medical system and the work environment. In Sweden, access to health care is to a certain extent more limited than it is in Japan. For example, in Sweden there is a common perception that influenza is basically a disease that can be cured by resting at home; treatment for the flu is rarely provided, and pharmacies do not readily prescribe drugs for the illness.

Nevertheless, while access to medical care is thus limited to a certain extent, sick people can readily take time off work. Even a doctor scheduled to perform an operation can have another surgeon perform the procedure in their place if their child is sick on the day the operation is scheduled. If the surgeon is not available, the operation may even be cancelled.

The fact that Swedish society values individual life in this way may have made it easier for the public to accept the government's message that it would be best to stay at home without taking a test if one felt ill.

Optimization of Healthcare Resources at the National Level

The spread of the COVID-19 infection has been an unprecedented crisis for Sweden, and the country was not fully prepared at the beginning of the crisis. However, it was able to optimize the centralization of medical resources.

For example, in Stockholm, the city with the highest number of COVID-19 infections, four hospitals were nominated for the treatment of the highest-priority patients, and other hospitals were assigned to provide regular care. The government and hospitals moved swiftly, sending ventilators to designated hospitals, educating doctors and nurses with different specialties for the treatment of patients in ICUs, and providing training to Scandinavian Airlines in the support of COVID-infected patients. Protective clothing was temporarily in short supply; medical personnel were instructed to economize, and it became necessary to supply hospitals with protective gear that was previously in use in laboratories. Nevertheless, the necessary equipment soon arrived in large quantities from China. We did not experience any shortage at my hospital.

Another advantage for Sweden is the high proportion of public hospitals. Private hospitals sometimes hesitate to treat infectious diseases for fear of losing money, but in Sweden's case there was no need for hospital officials to take these cost issues into consideration. In addition, because the destinations for ambulances are decided in advance to a certain extent, it is not the case that patients are unable to find hospitals to accept them and are forced to seek admission to other hospitals.

Another reason for the lack of disruption in Sweden may be the Swedish view of life and death. When a person aged 70 or older becomes seriously ill after contracting COVID-19, doctors have the discretion to decide whether to place the person in the ICU based on a comprehensive assessment of the person's prognosis and ability to tolerate subsequent rehabilitation. In addition, the wishes of family members do not affect doctors' decisions as strongly in Sweden as they do in Japan. All human beings die when they are destined to die, and the Swedes seem to accept this fact more readily than the Japanese.

Implications for Japan

Despite the fact that the death rate per population is much higher than it is in Japan, the Swedish people have a high degree of confidence in their government. While the level of public confidence in the Public Health Agency (the agency responsible for directing the nation's measures against the spread of COVID-19), which temporarily exceeded 70%, dropped to the 60% level in June, the majority of the Swedish public still supports the government's policy measures. Some interesting data suggest that even elderly citizens, who may be disadvantaged due to the government's policies, trust the government even more than younger generations.

There are a variety of differing opinions regarding Sweden's COVID-19 response, but

one thing that Japan can learn from it is transparency of information. In Sweden, data from each ministry and agency is open to public access. Representatives from each of the nation's ministries and agencies hold press conferences on a daily basis to answer questions about data analysis and future plans. The public is able to feel secure about the government's policies because experts exercise leadership and provide information in an appropriate fashion.

When I consider Japan's response to COVID-19 from my perspective in Sweden, my feeling is that the people on the ground in Japan are working very hard. Medical professionals, including those in small private hospitals, are doing their best to deal with the problem. The public has a strong focus on hygiene, and follows the rules that are set for them. It would be advisable to clarify the division of roles in the medical system, which is tasked with responding to COVID-19 infections in addition to the provision of normal medical care, to enhance cooperation between hospitals and other medical facilities, and to enable efficient allocation of medical resources by central leadership.

In Japan, it would be very difficult for a woman like myself, who is also raising children, to work as a physician at the frontline of the COVID-19 response. In conclusion, I would like to broaden my perspective from the response to COVID-19 and indicate my wish that Japan would consider the many other positive aspects of Swedish society and become a kinder society in which women are able to balance work and child rearing.

References

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Note

[1] Government Offices of Sweden, "Public agencies and how they are governed" (https://www.government.se/how-sweden-is-governed/public-agencies-and-how-they-are-governed/)

[2] Reforms related to the division of medical and nursing care functions and systems of cooperation between doctors and nurses. Medical services for the elderly and disabled, which had previously been administered at the province level, were transferred to municipal administration, enabling them to be centrally managed in each region together with nursing care services. Following this change, medical personnel such as nurses came under municipal jurisdiction, while doctors remained under wide-area, province-level jurisdiction. As a result, cooperation between medical care and nursing care has deepened to the level of nurses, but it is also claimed that the relationship of responsibility between jurisdictions in medical care has become ambiguous.