RESPONSIBILITY ARRIVES BEFORE EXPERTISE

We were beginner parents in 1986, making important decisions with limited experience and imperfect information. Looking back at Chernobyl, MMR and later COVID, this is a story about uncertainty, responsibility and learning how to decide.

Millions of beginner parents enter the world every year.

If we consider a beginner to be someone learning a new skill or exploring a subject for the first time, that is exactly what I was in 1986. I had no qualifications, no previous experience and only a limited understanding of what was about to happen.

My wife, Sue, was further along the learning curve than I was.

She was the oldest of four children. “Big Sis” would certainly have been a moniker she wore well. With two younger sisters and a younger brother, she had occasionally been the babysitter and had spent a good deal of her childhood surrounded by people younger than herself.

Sue tells me that her next sister found school relatively easy because, when Sue returned home each afternoon, she would tell her everything she had learned that day.

Today, we know that one of the best ways to understand something is to teach it to someone else. In truth, we probably knew that even then.

What Sue was doing was not formal teaching. It was simply natural. It was what an interested and responsible older sister did.

Her sister benefited because, when a teacher presented something as new information, she had often heard it before.

Sue also learned many lessons from her parents and grandparents. During her early years, three generations of the family lived together. Down on the farm, that was simply what people did.

She had a wonderful relationship with her grandparents and spent many happy hours in an intergenerational home. The practicalities of keeping things tidy, clean and organised would have become familiar at an early age. So too would some of the more complicated tasks, such as changing nappies, calming a crying baby and helping to keep younger brothers and sisters safe and happy.

It would be wrong to suggest that these experiences fully prepared her for motherhood. Nothing can do that.

However, they gave her a foundation that I did not have.

I also had the luxury of growing up in an intergenerational household. There were my parents, Mum's parents, a couple of cats and me.

This family arrangement seems less common today. There is no doubt that it could sometimes be challenging, particularly for my parents. For me, however, it was wonderful. I had four adults around me who each contributed something different to my childhood.

What I did not have were siblings.

My cousins lived near enough for us to see each other occasionally, but too far away for us to be in each other's pockets. I therefore had very little experience of living with, caring for or even properly understanding children younger than me.

Becoming Parents

When the calendar moved into 1986 and we discovered that we were going to become parents later that year, the news brought genuine excitement.

It also brought fear.

This was not fear that something was necessarily wrong. It was the fear of the unknown and the realisation that another person would soon depend entirely upon us.

Our parents and grandparents helped. That was what families did. Their advice was gradually offered and gratefully received throughout the first six months of Sue's pregnancy.

Then we moved to the other side of the country.

I cannot remember attending an antenatal class, and I certainly did not attend anything that I would have recognised as a parenting course.

Fathers had begun attending antenatal classes by the 1980s, although this was not yet treated everywhere as an ordinary or essential part of becoming a parent.

There may also have been a degree of social discomfort associated with men attending such classes, although I cannot honestly say that this was the reason I didn't go.

We were building a business, and taking an hour or two away from work on a weekday morning did not seem possible.

Looking back, that says something about the period in which we lived.

Work was treated as immovable. Preparing to become a father was something that would somehow have to fit around it.

After Scott was born, support came from a community midwife. She came every day for the first ten days after Sue and Scott left hospital. We didn't know what time she was coming, so at least one of us had to be at home with Scott when she called.

I then remember a health visitor coming less frequently for another couple of weeks, until everyone appeared reasonably satisfied that we had some idea of what we were doing.

This was all some forty years ago, around the time of the emergence of what people sometimes called the "modern man".

Fathers were beginning to be expected to play a more active role in family life, although many of us had no example to follow and little idea of what that role should involve.

We learned on the job and through the experience of others.

Talking to my male friends about feeding, sleeping, nappies, fear or the responsibilities of fatherhood never crossed my mind.

I cannot imagine that it crossed theirs either.

Perhaps my circle of friends was unusual. Perhaps these conversations were happening elsewhere.

They were not happening around me.

Sue had a different experience. She spoke to family and friends, even though we had moved a couple of hundred miles away from our home town only three months before the expected birth of our first child.

The occasional phone call and a visit to or by family was about all the external support we had.

We were then, and still are today, a team. We supported each other and learned to make friends quickly.

Responsibility Arrives Before Expertise

There were many things for which we were not prepared.

Some were practical.

How do you settle a baby who will not sleep?

When should you call the doctor?

How do you know whether a temperature is serious?

What do you do when two exhausted parents disagree?

Other questions were more consequential because they involved health, risk and the possibility that a decision made with good intentions might prove to be wrong.

While Sue was pregnant, something happened that neither of us could possibly have prepared for.

In April 1986, a reactor exploded at the Chernobyl nuclear power station in what was then Soviet Ukraine.

Within days, the news was reporting that radioactive material had escaped into the atmosphere and was travelling across Europe.

The radioactive cloud reached Britain shortly afterwards. Rain brought some of that material back to earth, particularly across parts of Wales, Cumbria, Yorkshire and Scotland.

Suddenly the news was full of questions about grass, milk, vegetables, water and livestock.

Nobody listening at home could easily know which represented a genuine risk and which was simply being investigated.

For a young couple expecting their first child, the words “radioactive fallout” concentrated our minds.

Looking back, some of our fears may have been greater than the individual risk we actually faced.

But the underlying event was real.

Radioactive material from an accident more than a thousand miles away had reached Britain. Scientists were measuring it while governments were still working out what advice to give.

We had no expertise in radiation.

We had no internet through which to investigate it.

We simply had to decide who we trusted, what precautions seemed sensible and when reassurance was sufficient.

I didn’t recognise it at the time, but perhaps this was one of my first lessons as a parent.

Responsibility arrives before expertise.

We spent more than a few disturbed evenings considering what we should do. We spoke with family, who were generally quite balanced in their views, and with friends, some of whom were rather more worried.

We read the newspapers and watched the news. Knowing now how fond the media can be of a dramatic story, I am not entirely sure that helped.

Medical experts generally appeared reassuring, although at the time I sometimes wondered whether they were simply toeing the official line.

I honestly cannot remember whether we made wholesale changes to our lifestyle. Perhaps we ate a little more tinned food for a few weeks.

Eventually, the immediate warnings subsided and we understood that, for families like ours, there was no reason to make wholesale changes to everyday life.

There was no single announcement that everything was fine. Reassurance emerged gradually over the following days and weeks.

Then life moved on.

That is often how these things happen.

A problem can dominate your thoughts for days or weeks, and then one morning you realise you have not thought about it since yesterday.

MMR

Another troubling decision arrived in 1988.

This was the year the combined measles, mumps and rubella vaccine was introduced into the routine childhood vaccination programme in Britain.

Our son Scott was two years old and was among the young children being offered the vaccine as the new programme was introduced.

The MMR vaccine was intended to protect children against three potentially serious infectious diseases and to reduce their spread through the wider population.

MMR was new to the British routine vaccination programme, but it was not a completely new invention. Combined MMR vaccines had already been used elsewhere.

Even so, that did not mean it felt familiar to us as parents.

I believed that some of the vaccinations had previously been given separately, although I cannot now be certain which vaccines I received as a child. Routine mumps vaccination, for example, had not formed part of the British childhood programme before MMR.

Our question was not simply whether vaccination was good or bad.

It was a decision between different risks.

On one side were the known risks of measles, mumps and rubella. On the other was the uncertainty we felt about a combined vaccine that was new to Britain.

It is important here to separate what we were considering in 1988 from what happened later.

Memory is not a perfect historical record.

Events that happen later can become mixed with our recollection of what we knew and felt at the time.

I do remember there being controversy alleging a connection between MMR and autism, but that could not have been relevant to our decision in 1988.

The public controversy most people now associate with MMR followed a paper published in 1998, ten years after the vaccine had been introduced in Britain. Subsequent research did

not find evidence that MMR caused autism, and the paper at the centre of the controversy was eventually withdrawn.

Our concerns in 1988 therefore came from somewhere else.

They were more likely to have involved the combination of the three vaccines, possible immediate side effects and the ordinary anxiety parents feel when asked to authorise a medical intervention for a healthy child.

For young parents, these decisions seemed to land in our laps at exactly the moment when we felt least prepared to make them.

We did not have the internet or immediate access to thousands of medical papers.

That may have protected us from some of the noise faced by parents today, but it also limited our ability to investigate questions independently.

What we called evidence would have included medical advice, official statements, newspaper reports and the personal experiences of people we knew.

Those sources did not all have equal value, but as inexperienced parents we were not always equipped to separate strong evidence from confident opinion.

We asked friends who were doctors. They seemed relaxed about the vaccine, and their confidence helped reassure us.

At the same time, we were living with the lack of sleep that seems to visit most new parents. We were building a business, moving house and still learning how to be married.

Perhaps that is another reality of important decisions.

They rarely arrive when life is calm, the evidence is complete and we have unlimited time to reflect.

They arrive amid the chaos, when we are tired, distracted and dealing with several other problems at once.

Scott was vaccinated.

We reached the decision only after several days of contemplation and a few more sleepless nights.

Afterwards, we watched him closely.

The decision had been made. Life continued, and eventually the whole episode became another part of our family history.

Of course as expected, Scott survived MMR, and we survived having to make the decision.

Our parents probably knew that it would all be fine. They may even have wondered why we found it so difficult.

However, they also understood that they had to allow us to decide for ourselves.

They had faced their own difficult choices as parents, although the details would have been different.

They were further along their learning curve, but they could not simply transfer that experience into us.

We had to acquire some of it for ourselves.

The Questions Come Back

Many other parental decisions followed.

Some were significant and caused considerable stress. Others were smaller and resolved quickly.

Perhaps some of the later decisions became easier because we had already made some of the larger calls.

That is what learning and experience can provide.

They do not remove uncertainty, but they give us a firmer platform from which to reach into the unknown.

Decades later, another generation of parents faced the arrival of COVID-19 and the development of new vaccines. This time we were looking on.

The circumstances were different from those surrounding MMR.

The disease was different. The vaccine technologies were different. COVID-19 emerged during a global emergency in which decisions were being made at extraordinary speed.

However, the human problem was familiar.

Parents and expectant parents were again being asked to consider risk, evidence, uncertainty and responsibility.

The COVID-19 vaccines were tested in controlled clinical trials before authorisation. It would therefore be inaccurate to suggest there was no evidence or that there were no control groups.

What did not exist at the beginning was long-term evidence collected over five or ten years.

There was also limited initial evidence relating specifically to pregnancy because pregnant women had not been adequately represented in the original trials.

Early official advice was therefore cautious and changed as more evidence became available.

To people watching from the outside, changing guidance could sometimes look as though governments, regulators and pharmaceutical companies were making things up as they went along.

In reality, evidence was accumulating at extraordinary speed and decisions had to change with it.

That did not remove uncertainty.

It helped explain why the advice sometimes changed.

Pregnant women had to consider not only their own health but that of their unborn child. Parents had to decide what was appropriate for their children as eligibility expanded.

Some accepted the advice immediately.

Others waited for more information.

Some declined.

Once again, the decision was not necessarily between risk and no risk.

It was between different risks, different unknowns and different perceptions of whom to trust.

This is one of the reasons I wanted to write this article.

One day, our grandchildren may face decisions that we cannot yet imagine.

The subject may not be vaccination.

It may involve a new medical treatment, artificial intelligence, genetic testing, climate risk, education, financial security or something that does not yet have a name.

The details will be different.

But the basic problem will be the same.

They may be inexperienced. The evidence may be incomplete. Experts may disagree. Public debate may be loud and polarised.

They may feel that everyone expects them to know what to do when, in truth, they are learning as they go.

I want them to know that their grandparents faced that feeling.

Their parents faced it too.

We did not always have clear answers.

We did not always feel confident.

We sometimes made decisions while tired, worried and uncertain.

That is part of being responsible for another person.

A Framework, Not an Answer

With the benefit of hindsight and a few more miles on the clock, there are a few things I have learned about difficult decisions.

They do not provide a formula for getting the right answer. I am not sure such a formula exists.

Over the years, I have discovered that I tend to start with two fairly simple questions.

What might happen if I do this?

And what might happen if I do not?

The second question matters.

I try to remember that doing nothing is also a decision. Sometimes waiting is sensible. Sometimes it simply leaves the problem sitting there for another day

Then I try to work out what we actually know, rather than what I think we know.

There will nearly always be gaps.

The important question is whether the missing information could materially change the decision or whether it is simply something it would be nice to know.

I have also become much more interested in where information comes from. Is it based on properly conducted research? Has it been examined by people with relevant expertise? Do several independent sources reach broadly the same conclusion, or does every claim eventually lead back to one person or organisation?

The same principle applies to official advice.

I do not think we should accept something simply because an organisation or government has said it is true. But neither should we dismiss it simply because it comes from an official source.

Who produced the advice?

What evidence did they consider?

Are conflicts of interest declared?

Has the advice changed?

If so, why?

Changing advice is not automatically evidence of incompetence or dishonesty.

Sometimes it simply means that people know more today than they knew yesterday.

Personal experience also has value, but it also has limits.

A story can be completely sincere and emotionally powerful without proving that the same thing will happen to somebody else. But I have learned to ask whether the person I am talking to is actually qualified to advise on the particular problem.

Experience can teach somebody how to calm a crying baby.

It does not necessarily make them an expert in infectious disease.

It is also useful to speak to somebody capable of disagreeing with you.

Finding people who confirm what we already believe is remarkably easy.

Finding somebody we trust who is prepared to say, “I think you may be wrong”, is considerably more valuable.

Time matters as well.

I have acted too early on plenty of occasions.

Sometimes waiting allows more evidence to emerge and gives us a little more space to think.

But waiting is not always neutral.

Delay can leave somebody exposed to an avoidable risk or cause an opportunity to disappear.

So another question has gradually found its way into my thinking.

What will I know tomorrow that I do not know today?

If the answer is “probably nothing”, postponing the decision may simply be postponing the discomfort of making it.

Finally, there is the question of who must live with the consequences.

Advice can be shared.

Responsibility often cannot.

Over time, each of us creates our own way of making decisions. Mine is not written down on a card that I take from my wallet every time something difficult happens.

It has become instinctive.

But instinct is not magic.

It is the accumulation of decisions made, mistakes survived, lessons learned and consequences observed.

Most decisions we make turn out reasonably well.

Some do not.

A good decision can still lead to a poor outcome, just as a careless decision can occasionally end happily.

That distinction has become increasingly important to me.

We should not judge every decision simply by what eventually happened.

We should also ask whether, at the time, we acted carefully and honestly with the information available to us.

For Our Grandchildren

To our grandchildren, reading this at some point in the future, there is something we would like you to understand.

When you face a difficult decision and are unsure what to do, remember that we have all been there.

Your parents have faced such moments.

Your grandparents faced them too.

The questions were different.

The uncertainty was not.

You may sometimes look at your parents or grandparents and imagine that age brought us certainty.

It did not.

Experience gave us more reference points. It gave us mistakes to remember and successes to draw upon. Perhaps it helped us recognise some dangers a little earlier.

But there have always been moments when we have wondered what on earth we should do next.

There probably always will be.

So gather the best evidence you can.

Question it.

Consider what might happen if you act and what might happen if you do not.

Speak to people who understand the subject and to people who understand you.

Listen particularly carefully to the people who are prepared to disagree with you.

Take time when time is available.

Act when action is necessary.

And do not expect certainty when certainty does not exist.

Responsibility often arrives before expertise.

It did for us.

It did for your parents.

One day it may arrive for you.

When it does, your responsibility is not to predict the future perfectly.

It is to make the most careful decision you can using the evidence, time and judgement available to you, and then accept that certainty was never one of the choices.

Tony Bennett
25.07.2025